

# Enrollment Application

**Retail Customer – Retail**  
\$149.95 X39

**Brand Partner – Wholesale**

Name of Sponsor: \_\_\_\_\_

First Name(s): \_\_\_\_\_ Last: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Date of Birth: MM/DD/YYYY   /   /

Date Entered: \_\_\_\_\_

ID # \_\_\_\_\_

Password \_\_\_\_\_

Enrollment Kit \_\_\_\_\_

Enrollment Date \_\_\_\_\_

- Added to e-mail list
- Monthly Subscription

Sponsor: \_\_\_\_\_

Sponsor ID: \_\_\_\_\_

## Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## Shipping Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## Contact Information:

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail (for LifeWave business correspondence): \_\_\_\_\_

## Replicated Site URL: (Your Personal LifeWave Website) Chose 3 options as your preferred URL

www.lifewave.com/ 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Password choice: \_\_\_\_\_ At least 6 Characters w/ 1 Cap, 1 Special Character

## Payment Information:

Name Exactly AS IT APPEARS On Credit Card: \_\_\_\_\_

Visa or Master Card:

Signature: \_\_\_\_\_

Expiration Date:   /   Security Code:    (On back of your card)

(Be sure that this credit card has the exact same billing address. A variation will result in your order not being processed)

**Brand Partner Enrollment Kit**  Starter \$25.00  Core \$295.00  Advanced \$535.00  Premium \$1,750.00

Initial Product(s) Ordered: \_\_\_\_\_

Monthly Subscription:  Yes. Product(s) \_\_\_\_\_