

# LIFEWAVE LIGHT TECHNOLOGY COMBO ORDER FORM

STEP 01

## PICK YOUR PROGRAM

Each sleeve contains 30 patches



**RETAIL**  
Purchase as a one-time only order

**X39**  
\$149.95

**X49**  
\$149.95

**Supportive Patch**  
\$79.95

**Other Item**

Plus Tax & Shipping  
90 Day Money Back Guarantee

**PREFERRED CUSTOMER PLUS (PC+)**  
(\$25 Annual Fee)

**BENEFITS:**  
 ✓ 12 Months FREE Patches (160 Total Patches - \$400 Retail Value)  
 ✓ Refer 3 & Earn \$100 in FREE Product Credit

### \*SUBSCRIPTION PRICING

X39 or X49	\$99.95
X39/X49 Performance Bundle	\$179.95
Alavida Trio	\$149.95
Alavida Daily	\$59.95
Alavida Night	\$79.95
Alavida Eye Cream	\$69.95
Supportive Patches (Mix & Match)	1 - \$69.95 2 - \$59.95 3+ - \$49.95
Cellergize Morning or Evening	1 - \$69.95 2 - \$59.95 3+ - \$49.95
Cellergize Duo	\$119.95

Plus Tax & Shipping | 90 Day Money Back Guarantee

**WHOLESALE ENROLLMENT PACKS**  
(Pick Your Pack Below)

**BENEFITS:**  
 ✓ Best Unit Pricing  
 ✓ Build A Business

<input type="checkbox"/> CORE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> ADVANCED PLUS	<input type="checkbox"/> PREMIUM
<b>\$295</b> Worth 3 Points	<b>\$535</b> Worth 6 Points	<b>\$975</b> Worth 11 Points	<b>\$1750</b> Worth 20 Points

### POINT GUIDE

1 Sleeve of X39 or X49	1 Point
1 Sleeve of any Supportive Patch	.5 Point
Alavida Skincare Trio	1.5 Points

Mix & Match and SAVE!  
 \*Use Subscription Pricing for Next Months Order  
 Plus Tax & Shipping  
 30 Day Money Back Guarantee

STEP 02

## PICK YOUR PRODUCTS (Indicate the Quantity Below)

WHOLESALE ENROLLMENT KITS SELECTION	X39		X49		SILENT NIGHTS	
	Initial Order	Next Order	Initial Order	Next Order	Initial Order	Next Order

  

ADD-ONS	X39/X49 BUNDLE		ALAVIDA DAY CREAM		ALAVIDA NIGHT CREAM		ALAVIDA EYE CREAM	
	Initial Order	Next Order	Initial Order	Next Order	Initial Order	Next Order	Initial Order	Next Order

STEP 03

## PERSONAL INFORMATION

FIRST \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ USERNAME \_\_\_\_\_ PASSWORD \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ MOBILE NUMBER \_\_\_\_\_

## PAYMENT METHOD

VISA  MASTER CARD  AMEX  DISCOVER

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CVV \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

