

# X39 ORDER FORM

USA AND CANADA



- 30 Patches in 1 Sleeve
- 1 Sleeve Equals 1 Month Supply
- Wear 1 Patch a Day: 12 HOURS ON to Activate, take if off, throw it away, and Rest and Repair for the following 12 HOURS.  
(One Time Use Per Patch)

## RETAIL

1 Sleeve - \$149.95

77 Points

Monthly Quantity

90 DAY  
MONEY BACK  
GUARANTEE

## PREFERRED CUSTOMER MONTHLY SUBSCRIPTION

First Sleeve = \$119.90 Every Month After = \$99.95 | 43 Points

Monthly Quantity  Date to Start

Plus \$350 worth of FREE product samples for 6 months:  
10 patches per month - On month 6 you'll receive 1 FREE Sleeve of X39 & 1 other sleeve  
(You must stay on Autoship the entire 6 months to receive all your FREE product)

## DISTRIBUTOR PRICING

### BRONZE - \$124.95

1 Sleeve | Includes \$25 Starter Kit | 77 Points

### SILVER - \$299.95

3 Sleeves | Price per unit \$99.95 (\$25 Starter Kit fee waived) | 165 Points

### GOLD - \$499.95

5.5 Sleeves | Price per unit \$99.95 (\$25 Starter Kit fee waived) | 275 Points

Start at Gold or upgrade to Gold to rank advance

### PLATINUM - \$999.95

12 Sleeves | Price per unit \$84 (\$25 Starter Kit fee waived) | 350 Points

### DIAMOND - \$1,599.95

19 Sleeves | Price per unit \$84 (\$25 Starter Kit fee waived) | 610 Points over 3 months

Diamond includes 3 months of autoship points! 390 points first month, 110 second month, 110 third month

30 DAY  
MONEY BACK  
GUARANTEE

## DISTRIBUTOR MONTHLY AUTOSHIP ORDER All autoship orders begin 28 days after initial order

1 SLEEVE | \$99.95 | 77 POINTS

2 SLEEVES | \$199 | 154 POINTS

ADDITIONAL SLEEVES

Monthly Quantity

CHECK THE BOX NEXT TO YOUR CHOICE! - EVERYTHING IS PLUS TAX AND SHIPPING

## PERSONAL INFORMATION

FIRST & LAST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SSN: (OPTIONAL) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

CREATE YOUR WEBSITE:  
LIFEWAVE.COM/ \_\_\_\_\_

PASSWORD: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

## PAYMENT METHOD

FULL NAME  
ON CARD: \_\_\_\_\_

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

EXP. DATE: \_\_\_\_\_

CVV: \_\_\_\_\_

BILLING  
ADDRESS:  
IF DIFFERENT \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_