

Date: _____

Name: _____

Email: _____

Discussion w/: _____

Phone #: _____

Sponsored by: _____

Date of Birth: _____

HEALTH CONCERNS

Shipping Address: _____

I give consent to a follow up call by an appointed contact to assist with a customized plan

Sign here: _____

DISCUSSION

PAYMENT METHOD

Visa American Express Mastercard Discover

Name on Card: _____

Card Number: _____

Exp. Date: _____ CVV: _____

Billing Address: _____

RETAIL: \$149.95 \$79.95
X39 & X49 all other patches

WHOLESALE: \$99.95 \$69.95 (1), \$59.95 (2), \$49.95 (3+)
X39 & X49 all other patches

FOR APPOINTED CONTACT:

**WHOLESALE
PACK ORDER
PATCHES**

X39 OR X49 \$99.95 = 1 PT
SILVER \$299.95 = 3 PT
GOLD \$499.95 = 5.5 PT
DIAMOND \$1599.95 = 19.5 PT



SUPPORTIVE PATCH = .5 PT
X39 OR X49 = 1 PT
ALAVIDA SKINCARE TRIO = 1.5 PT

NOTES:

MONTHLY ORDER:



X39

QTY _____



X49

QTY _____



AEON

QTY _____



ICEWAVE

QTY _____



GLUTATHIONE

QTY _____



CARNOSINE

QTY _____



ALAVIDA

QTY _____



SP6 COMPLETE

QTY _____



ENERGY ENHANCER

QTY _____



SILENT NIGHTS

QTY _____



ACULIFE

QTY _____



ALAVIDA SKINCARE TRIO

QTY _____