



LIFEPHARM GLOBAL NETWORK

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IBO ORDER FORM (U.S.A.)

ITEM	DETAILS	CV	PRICE (USD)	QTY	TOTAL
Career Pack	17 OMEGA+++ (30-count) boxes, 25 Laminine (30-count) boxes, 20 OMEGA+++ brochures, 20 Laminine brochures, 20 Opportunity brochures, + 3 OMEGA+++ (30-count) boxes, and 5 Laminine (30-count) boxes FREE	250	\$1399		
The Edge Plus Eco	9 Laminine (120-count) bottles, 20 Laminine brochures, + 1 Laminine (120-count) bottle FREE	200	\$1199		
The Edge Plus	36 Laminine (30-count) boxes, 20 Laminine brochures, + 4 Laminine (30-count) boxes FREE	200	\$1199		
The Edge	18 Laminine (30-count) boxes, 20 Laminine brochures, + 2 Laminine (30-count) boxes FREE	200	\$599		
Laminine Family Pack	9 Laminine (30-count) boxes, + 1 Laminine (30-count) box FREE	234	\$299		
OMEGA+++ Family Pack	9 OMEGA+++ (30-count) boxes, + 1 OMEGA+++ (30-count) box FREE	234	\$299		
DIGESTIVE+++ Family Pack	9 DIGESTIVE+++ (30-count) boxes, + 1 DIGESTIVE+++ (30-count) box FREE	207	\$261		
IMMUNE+++ Family Pack	9 IMMUNE+++ (30-count) boxes, + 1 IMMUNE+++ (30-count) box FREE	207	\$261		
Laminine®	1 Laminine (30-count) box	26	\$33		
	1 Laminine (120-count) bottle	104	\$132		
OMEGA+++	1 OMEGA+++ (30-count) box	26	\$33		
DIGESTIVE+++	1 DIGESTIVE+++ (30-count) box	23	\$29		
IMMUNE+++	1 IMMUNE+++ (30-count) box	23	\$29		
Annual Renewal Fee		N/A	\$20		

Shipping & handling, applicable tax will be added.

Price Total:

IBO INFORMATION

Information with an asterisk (*) is required. If any information is not entered in required areas, shipping of product will be placed on hold until such information is received.

*First Name: _____ *Last Name: _____ *IBO ID#: _____ Business Name: _____

PAYMENT INFORMATION

*CREDIT CARD: VISA MASTER CARD DISCOVER AMEX

eWallet

*Name on Card: _____

*Authorized Signature _____

*Credit Card #: _____ *Exp. Date: MM/YYYY

I certify this signature is of the cardholder named herein. Cardholder authorizes LPGN to charge my credit card for the order indicated on this IBO Order Form.

*Billing Address: _____

*Shipping Address: _____

*City: _____ *State: _____ *Zip Code: _____ Country: U.S.A.

*City: _____ *State: _____ *Zip Code: _____ Country: U.S.A.

AUTO-DELIVERY SETUP

ITEM	DETAILS	CV	PRICE (USD)	QTY	TOTAL
Laminine Family Pack	9 Laminine (30-count) boxes, + 1 Laminine (30-count) box FREE	234	\$299		
OMEGA+++ Family Pack	9 OMEGA+++ (30-count) boxes, + 1 OMEGA+++ (30-count) box FREE	234	\$299		
DIGESTIVE+++ Family Pack	9 DIGESTIVE+++ (30-count) boxes, + 1 DIGESTIVE+++ (30-count) box FREE	207	\$261		
IMMUNE+++ Family Pack	9 IMMUNE+++ (30-count) boxes, + 1 IMMUNE+++ (30-count) box FREE	207	\$261		
Director Auto-Delivery Pack	2 Laminine (30-count) boxes, 2 OMEGA+++ (30-count) boxes	104	\$132		
Laminine®	1 Laminine (30-count) box	26	\$33		
	1 Laminine (120-count) bottle	104	\$132		
OMEGA+++	1 OMEGA+++ (30-count) box	26	\$33		
DIGESTIVE+++	1 DIGESTIVE+++ (30-count) box	23	\$29		
IMMUNE+++	1 IMMUNE+++ (30-count) box	23	\$29		

Shipping & handling, applicable tax will be added.

Price Total:

Please note: This Auto-Delivery request will supercede any Auto-Delivery currently on your account.

*CREDIT CARD: VISA MASTER CARD DISCOVER AMEX

SAME AS PAYMENT INFORMATION ABOVE

*Name on Card: _____

I authorize LPGN to charge my credit card for the total amount due each month for product provided or delivered by LPGN. In making this authorization, I acknowledge that I have read, understood and agree to all Terms and Conditions of Authorization and Disclosures provided below.

*Initials: _____

*Credit Card #: _____ *Exp. Date: MM/YYYY

TERMS AND CONDITIONS OF AUTHORIZATION AND DISCLOSURES

Authorization - By reviewing and completing the Auto-Delivery Agreement, each order shall be the same as if it were an order form personally signed by you. Note: To ensure accurate order information, please verify that the name you enter on the form is the same as on your financial institutions statement.

*Billing Address: _____

Disclosures - With this agreement, you are electing to provide your authorization for Auto-Delivery (reoccurring order) and consent to the receipt of confirmation of your authorization and any notices required for any payment in electronic form. Upon notice to LPGN, you may also withdraw your consent to the receipt of electronic confirmations and notifications related to this authorization, allowing sufficient time for processing the change. You may also withdraw your consent to any conditions of this authorization, which may result in termination or modification of this agreement by LPGN.

*City: _____ *State: _____ *Zip Code: _____ Country: U.S.A.

Revocation - The agreement will remain in effect until revoked by either the IBO, LifePharm Global Network or the financial institution. IBOs must notify LifePharm Global Network to discontinue the Auto-Delivery allowing sufficient time for processing.

*Shipping Address: _____

Stop Payment - You have the right to stop payment of a charge by timely notification to your financial institution prior to your card being charged for your Auto-Delivery order.

*City: _____ *State: _____ *Zip Code: _____ Country: U.S.A.

*Authorized Signature _____

I certify this signature is of the cardholder named herein. Cardholder authorizes LPGN to charge my credit card for the order indicated on this IBO Order Form.