



REQUEST FOR THE MOVE OF  
A LIFEWAVE BUSINESS CENTER

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I REQUEST TO MOVE (MEMBER #): \_\_\_\_\_

TO: LEFT / RIGHT (circle one)

Member will be moved to the bottom of the sponsor's leg that is circled. No points will be pushed upline for a move. The change must be requested and executed within five business days of the original date of enrollment, or a \$50 charge will apply. Refer to section 5, Sponsoring, of the Member Policies.

I REQUEST TO MOVE THE BUSINESS CENTER FOR THE FOLLOWING REASONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: ALL FIELDS ARE NECESSARY TO COMPLETE YOUR ORDER:**

Credit Card Type:  Visa  MasterCard  Discover  
Credit Card Number: \_\_\_\_\_  
First Name on Credit Card: \_\_\_\_\_  
Last Name on Credit Card: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_

**ENTER THE ADDRESS WHERE YOU RECEIVE YOUR CREDIT CARD STATEMENT:**

Street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_

By signing this request form the member agrees to a processing fee of fifty dollars (\$50.00 USD) for this move, unless the change is requested and executed within five business days of the original date of enrollment.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ONCE COMPLETED, PLEASE FAX OR EMAIL TO:**

USA ► TEL: +1(866) 202-0065 / FAX: +1(858) 459-9876 EUR ► TEL: +353 91 874 600 / FAX: +353 91 874 655  
EMAIL: [customerservice@lifewave.com](mailto:customerservice@lifewave.com) EMAIL: [customerserviceeu@lifewave.com](mailto:customerserviceeu@lifewave.com)

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