



REQUEST FOR THE CHANGE OF SPONSORSHIP OF A LIFEWAVE BUSINESS CENTER

Member's Name: _____ Member #: _____

Member Signature: _____

Phone: _____ Email: _____

I request to change the sponsorship of (Member #): _____

from (Current Sponsor #): _____ to (New Sponsor #): _____

If a move is necessary, the member will be moved to the bottom of the sponsor's leg that is circled

I request to change Sponsor's for the following reasons:

Signature of Current Sponsor: _____

Print name of Sponsor: _____

Signature of 1st Upline Sponsor through line of Sponsorship: _____

Print name of Sponsor: _____

Signature of 2nd Upline Sponsor through line of Sponsorship: _____

Print name of Sponsor: _____

Signature of Sponsor site is being transferred to:

Print name of Sponsor: _____

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 change of sponsorship. The fee is applicable regardless of time the request was submitted.

Member 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 EMAIL: customerserviceeu@lifewave.com

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