

ORDER FORM

Full Name: _____

Full Name needs to be the same as your ID

Nickname: _____ Gender: _____

ID Number: (Any Gov-issued ID) _____

Email Address: _____ Phone Number: _____

Complete Address: _____

PRODUCT SELECTION

Please check the box next to item(s) you wish to order and indicate the quantity.

Product Name	Price	Shipping & Tax	Quantity	Total
OlyLife Shaken Massager (AI watch included)	\$1000	\$100		
Gel Bundle Set <i>OlyLife Youthful Glow Gel x14. OptiRelax Gel x14</i>	\$500.00	\$50		
OlyLife Vitality Wand	\$600.00	\$60		
OlyLife Tera-P90	\$1000.00	\$100		
OlyLife Tera-P90+ <i>(Can be airshipped with additional price)</i>	\$1500.00	\$150 <i>Add an extra \$150 for airshipment</i>		
Tera-P90+ x1. Youthful Glow Gel x14. OptiRelax Set x14	\$2000.00	\$200		
OlyLife SkyLine Pads Full Set 540pcs	\$500.00	\$50		
Total Amount				

SHIPPING INFORMATION (if different from personal address)

Complete Address: _____ Postal/Zip Code: _____

Recipient Name: _____

Recipient's Phone Number: _____

Special Instructions: _____

TO BE FILLED BY SPONSOR

Sponsor Name: _____ Sponsor ID: _____

Placement ID: _____ Left: ☐ Right: ☐

New Member ID: _____