



## Transformation Affiliate Paper Application

**Gather the information, so you can input it later on your cell phone or computer.**

- ◆ First Name: \_\_\_\_\_ Last name: \_\_\_\_\_
- ◆ (Optional) Company Name: \_\_\_\_\_
- ◆ Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- ◆ Street: \_\_\_\_\_
- ◆ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- ◆ Personal web address: 1 – 20 characters long (unique name you want for your personal web site) at [www.NuXtrax.com/](http://www.NuXtrax.com/) (unique name) \_\_\_\_\_  
Choose 2 names in case one is already taken: 1. \_\_\_\_\_  
2. \_\_\_\_\_
- ◆ Password: (minimum 5 characters): \_\_\_\_\_

**\$299.00 - 1x Variety**  
LYN Frequency iPatch



**\$598.00 - 2x Variety**  
LYN Frequency iPatch



**\$598.00 - 2x Variety**  
LYN Frequency iPatch  
with IHQ & IRV



- Pain and Inflammation
- Joint Pain
- Stress and Anxiety
- Weight Loss and Appetite Suppressant
- Energy

- ◆ Circle One Monthly Auto Ship: \$79 for 1 iHeRQles or \$139 for 1 iHeRQles & 2 iRevive (Either one will always keep you active, so you don't lose your position, commissions and accumulated volume, which cannot be recovered if lost. Processes in 30 days from now.)
- ◆ Who shared this with you? \_\_\_\_\_
- ◆ Form of payment...

\*Circle what kind of card: Visa, MasterCard, AMEX or Discover

\*Credit Card number: \_\_\_\_\_ \*Exp. Date: \_\_\_\_\_

\*Name on front of card: \_\_\_\_\_ \*3 digits on the back: \_\_\_\_\_

\*Is your billing address the same as you gave above or different? (List below if different):