

OlyLife Order Form

FREQUENCY WELLNESS PRODUCTS

CLIENT DETAILS

Please tick the product(s) you wish to order and enter quantity.

PRODUCT SELECTION	Price	Shipping & Tax	Qty	Total
<input type="checkbox"/> OlyLife Shaken Massager (AI Watch Included)	\$1,000	\$100	\$100	
<input type="checkbox"/> Gel Bundle Set (Youthful Glow Gel x14 + OptiRelax Gel x14)	\$500	\$50	\$50	
<input type="checkbox"/> OlyLife A9 Smart Anion BamaAir	\$500	\$50	\$50	
<input type="checkbox"/> OlyLife Galaxy G-One	\$500	\$50	\$50	
<input type="checkbox"/> OlyLife H+ Bar	\$600	\$60	\$60	
<input type="checkbox"/> OlyLife Vitality Wand	\$600	\$60	\$60	
<input type="checkbox"/> OlyLife Tera-P90+	\$1,000	\$100	\$100	
<input type="checkbox"/> OlyLife Tera-P90+ <small>(P90+ x1 + Youthful Glow Gel x14 + OptiRelax Set x14)</small>	\$1,500	\$150* <small>Optional air shipping in additional \$150</small>		
<input type="checkbox"/> Tera-P90+ Bundle (P90+ x1* <small>OptiRelax Set x14</small>)	\$2,000	\$200	\$200	
<input type="checkbox"/> OlyLife Skyline Pads - Full Set (540pcs)	\$600	\$50	\$50	
TOTAL ORDER AMOUNT _____		\$ _____		

SHIPPING INFORMATION

Delivery Address: _____

Postal / Zip Code: _____

Recipient Name: _____

Recipient Phone Number: _____

Special Delivery Instructions: _____

TO BE COMPLETED BY SPONSOR

Sponsor Name: _____

Sponsor ID: _____

Leg Placement: Left Right _____

DECLARATION & SIGNATURE

I confirm that all details provided are correct and I understand the order and payment terms.

Client Signature: _____ Date: _____

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