



## INDEPENDENT BUSINESS OWNER ORDER FORM

**\*Information with an Asterisk (\*) is Required. IF any information is not shown under required areas, Member Enrollment and Shipping of Product will be placed on HOLD until further notice.**

PACKAGE	<b>ACTIVATION</b> 78 CV <b>\$99.00</b> +SHIPPING & HANDLING 3 Boxes	<b>FAMILY</b> 234 CV <b>\$299.00</b> +SHIPPING & HANDLING 9 (+1 Free) Boxes, 9 Applications, 29 Brochures	<b>THE EDGE</b> 200 CV <b>\$599.00</b> +SHIPPING & HANDLING 18 (+2 Free) Boxes, 40 Brochures	<b>THE EDGE PLUS</b> 200 CV <b>\$1199.00</b> +SHIPPING & HANDLING 36 (+4 Free) Boxes, 40 Brochures, choice of Marketing Sets	<b>LAMININE</b> 26 CV <b>\$33.00</b> +SHIPPING & HANDLING 1 Box
*QUANTITY					

### LPGN IBO'S INFORMATION

**PLEASE PRINT CLEARLY** Check Box OR fill in the information below.

\*Full Name/Company Name:

\*IBO ID #:

### \*PAYMENT INFORMATION

Choose Payment Option below.

#### CREDIT CARD

☐ VISA ☐ Master Card ☐ AMEX ☐ Discover

\*Credit Card #:

\*Name on Card:

\*Security Code:

\*Exp Date: MM/YYYY

\*Billing Address:

\*City:

\*State/  
Province:

\*Zip/Postal  
Code:

\*Country:

\*Authorized  
Signature:

\*Date: MM/DD/YYYY

I certify this signature is of the cardholder named herein. Cardholder authorizes LP Global Network to charge the card for the amount above.



#### CHECK

\*Valid Identification:

\*Phone:



#### CASH



#### E-WALLET

### SHIPPING ADDRESS



#### SHIPPING ADDRESS SAME AS BILLING ADDRESS

(If box is checked, I certify that the above Address is my current mailing address.)

Name:

Shipping Address:

State/  
Province:

Zip/Postal  
Code:

City:

Country: