

SOLEX ENROLLMENT FORM

PERSONAL INFORMATION

☐ Quantum Living Advocate ☐ Preferred Customer (SSN# or License Fee not required)

| | |
|-----------------------|---|
| Applicant Name | Sponsor ID Name |
| Company Name | Sponsor ID# |
| Phone | Username |
| Email Address | Password |
| SSN# or ITIN# | Birthdate (DD/MM/YYYY) |
| Billing Address | |
| City, State/Prov, Zip | |
| Shipping Address | Use Billing Address for Shipping <input type="checkbox"/> |
| City, State/Prov, Zip | |

| INITIAL ENROLLMENT ORDER <small>*USD Pricing</small> | | | | | | MONTHLY SUBSCRIPTION REQUEST <small>(AUTOSHIP)</small> | | | | | |
|---|----------|---------|-----|-----|-------|---|----------|----------|-----|-----|-------|
| | Retail | Loyalty | Pts | QTY | Total | | | | | | |
| QLA License Fee (Annual) | - | \$49 | - | | | MONTHLY SUBSCRIPTION AUTOSHIP DATE <small>* Subscription orders only process from the 1st to 25th of every month</small> Processing day of the Month: <input type="text"/> | | | | | |
| AO Scan Subscription | - | \$149 | 112 | | | | | | | | |
| Bluetooth Headset | \$250.00 | \$200 | 200 | | | | | | | | |
| Starter Pack Wired | \$375.00 | \$300 | 259 | | | | Retail | Loyalty | Pts | QTY | Total |
| Starter Pack Bluetooth | \$562.50 | \$450 | 431 | | | AO Scan Subscription | - | \$149.00 | 112 | | |
| Builder Pack Wired | \$500.00 | \$400 | 359 | | | Sleep Bundle <small>(Blue, D3K2, Pulse, Sleep)</small> | \$168.75 | \$135.00 | 101 | | |
| Builder Pack Bluetooth | \$687.50 | \$550 | 531 | | | Basic Bundle <small>(Blue, D3K2, Pulse, Think Drops)</small> | \$175.00 | \$140.00 | 100 | | |
| | | | | | | Basic+ Bundle <small>(Blue, D3K2, Pulse, Think Drops w/Krill)</small> | \$193.75 | \$155.00 | 108 | | |
| | | | | | | Complete Bundle <small>(Blue, D3K2, Pulse, Sleep, Think Drops)</small> | \$206.25 | \$165.00 | 119 | | |
| | | | | | | Complete+ Bundle <small>(Blue, D3K2, Pulse, Sleep, Think Drops w/Krill)</small> | \$225.00 | \$180.00 | 129 | | |
| | | | | | | | | | | | |
| Sub Total* | | | | | | Sub Total* | | | | | |
| <small>*Tax and shipping charges will be added to this sub total when applicable.</small> | | | | | | <small>*Tax and shipping charges will be added to this total when applicable.</small> | | | | | |

PAYMENT INFORMATION AND AUTHORIZATION

| | | |
|---------------------|--------------------------|-------------------|
| Credit Card Number: | Expiration Date: (mm/yy) | Billing Zip Code: |
| Name on Card: | CVV: | DATE: |

APPLICANT SIGNATURE:

*By signature, I authorize my credit card to be charged for my initial Order and request a Subscription processed monthly until canceled. I also agree to abide by the policies and procedures from Solex, LLC
I understand that I have the right to terminate my independent account at any time by sending notice to Solex, LLC to support@solexllc.com