

Intake Form

Distributor	PC	kits	BP	SP	GP	PP	DP
Sign on date: _____	Customer ID # _____		Distributor ID # _____			LEG – Left / Right _____	



Personal Info

Patch Call 1st: ____/____/____
 Name: _____ Age: _____ 2nd: ____/____/____
 Phone: _____ DOB: ____/____/____ 3rd: ____/____/____
 History/Medical Complaints/Family: _____

Suggested Patches: _____
 Ordered: _____

Order Info

Email: _____
 Website: Name as above Alternative: _____
 Password: _____ Welcome letter sent to: _____

Shipping Address: _____

City: _____
 State: _____ Post code: _____ Country: _____

Billing Address: SAME _____
 City: _____
 State: _____ Post Code: _____ Country: _____

Credit Card Info

Name on Card: _____
 Card Number: _____
 Expiration Date: ____/____ CVV: _____

Monthly Subscription _____

Extra Notes: _____

Received 5-day starter kit	
Consumer? C	
Distributor? D	
Welcome letter	
Pic of Invoice + ID#	
StartX39now.com	
Notified w/ patching podcasts	
Up-line Phone numbers	
1st Checkup – 1 week on x39	
2nd checkup 5 days prior to auto-ship	
3rd checkup 5 days prior to 2nd autoship	
4th checkup 5 days prior to 3rd autoship	
AutoShip set up	
Date of Autoship	
Upgraded?	
Startx39biz.com	
Add Telegram Groups	
Be Activating training	
Biz-in-a-kit	
In touch App video training	

B u s i n e s s K i t s / C u s t o m e r