



RESELLER INFORMATION REQUEST

Are you a PEMF Reseller? Yes No

What is the primary product that you are interested in?

Home units Mobile Educational programs
Professional units Space Harmoniser

How do you plan to sell or promote our products?

Store	<u>Clinic:</u>
On-line Store	Medical
Massage Salon	Chiropractor
Gym	Acupuncture
Health Club	Shiatsu
Social media	Biofeedback
Marketplace	Neurofeedback
Friends	Psychologist
Other	Other clinic

How many pieces and which items you plan to buy on your first order

What would be your turnover per year?

Over 7.500 USD Over 30.000 USD Over 60.000 USD Don't Know Yet

What option best describes you?

Individual

Healthcare Professional

Business Owner

CONTACT INFORMATION

Name

Email

Phone Number

I prefer to be contacted by:

Email

Phone

Both Email And Phone

Website URL

Were you referred by someone? (from who?)

How did you hear about us?

Message

Your name:

Your email:

Your location:

I have read and agree to the [Terms and Conditions](#)

Please email the filled form to partner@lenyolife.com. We will contact you shortly.

Thank you!