



Juice Plus®+ Representative: _____ FIN: _____

Name: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Method of Payment (circle one): VISA MC AMEX DISCOVER BANK DRAFT**


Credit Card #: _____ - _____ - _____ - _____ Exp. Date: ____/____

Name on Card: _____ Signature: _____

**Bank Draft Checking Acct #: _____ Routing #: _____

| Quantity | Juice Plus+® Products | Preferred 4-Month Installment Price |
|---|--|---------------------------------------|
| | <p>"Shred10™ Package" (2 shakes/day + Juice Plus+® Trio) <input type="radio"/> Vanilla <input type="radio"/> Chocolate <input type="radio"/> Variety</p> | \$194.25/month (\$6.50/day) |
| | <p>"Premium Package" (1 shake/day + Juice Plus+® Trio) <input type="radio"/> Vanilla <input type="radio"/> Chocolate <input type="radio"/> Variety</p> | \$132.75/month (\$4.40/day) |
| | <p>"Basic Package" (1 shake/day) <input type="radio"/> Vanilla <input type="radio"/> Chocolate <input type="radio"/> Variety</p> | \$61.50/month (\$2.05/day) |
| | <p>Juice Plus+® Orchard, Garden & Vineyard Blend Capsules </p> | \$71.25/month (\$2.38/day) |
| | <p>Juice Plus+® Orchard, Garden & Vineyard Blend Chewables </p> | \$76.75/month (\$2.56/day) |
| | <p>Juice Plus+® Omega Blend</p> | \$33.25/month (\$1.11/day) |
| | <p>Complete by Juice Plus+® Nutrition Bars (60 bars) <input type="radio"/> Tart Cherry + Honey <input type="radio"/> Dark Chocolate + Fig <input type="radio"/> Variety (30 of each)</p> | \$32.50/month (\$2.17/bar) |
| Merchandise Total (Applicable Taxes Apply; Prices Subject to Change) | | |
| Shipping & Handling (AK, HI, PR, GU, US Virgin Islands: \$8.50 for first carton, \$7.00 / additional carton) | | |
| ORDER TOTAL | | |

This order qualifies you for enrollment in the Children's Health Study.



I understand that the child listed below will receive free Juice Plus+® product (capsules or chewables) for the period of one year. I agree to be a Juice Plus+® Orchard and Garden Blend capsule customer during this period. I agree to pay shipping/handling for my product and my child's free product.

Sponsoring Adult's Name: _____

Child's Name: _____ Child's Birthdate: ____/____/____

College Attending (full-time undergrad): _____ Student's Email: _____

Desired Juice Plus+® product for child: Capsules Chewables