



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