

# Juice PLUS+<sup>®</sup> ORDER FORM

Fax your order to 901-850-3061.

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 #: \_\_\_\_\_

Juice Plus+<sup>®</sup> Representative: \_\_\_\_\_ FIN: \_\_\_\_\_

Quantity	Juice Plus+ <sup>®</sup> Products	Preferred 4-Month Installment Price
	 <p><b>Juice Plus+<sup>®</sup> Orchard, Garden and Vineyard Blends</b></p>	<b>\$67.50/month</b> (\$2.25/day)
	 <p><b>Juice Plus+<sup>®</sup> Orchard and Garden Blends</b></p>	<b>\$41.75/month</b> (\$1.39/day)
	 <p><b>Juice Plus+ Vineyard Blend<sup>®</sup></b></p>	<b>\$26.75/month</b> (\$0.89/day)
	 <p><b>Juice Plus+<sup>®</sup> Chewables</b> _____ Adult Serving _____ Child Serving</p>	<b>Adult: \$44.50/month</b> (\$1.48/day) <b>Child: \$22.75/month</b> (\$0.76/day)
	 <p><b>Juice Plus+ Vineyard Blend<sup>®</sup> Chewables</b></p>	<b>\$29.50/month</b> (\$0.98/day)
	 <p><b>Juice Plus+ Complete<sup>®</sup> Drink Mix</b> <input type="radio"/> Vanilla <input type="radio"/> Chocolate <input type="radio"/> Variety (2 of each)</p>	<b>\$29.75/month</b> (\$1.98/shake)
	<b>Merchandise Total</b> (Applicable Taxes Apply; Prices Subject to Change)	
	<b>Shipping &amp; Handling</b> (AK, HI, PR, GU, US Virgin Islands: \$8.50 for first carton, \$7.00 per additional carton)	
	<b>Order Total</b>	



I understand that my child will receive free Juice Plus+<sup>®</sup> product (capsules or chewables) for the period of one year. I agree to be a Juice Plus+<sup>®</sup> Orchard and Garden Blend capsule customer during this period. I agree to pay shipping/handling for my child's free product: 1 box of capsules or chewables (\$1.75 monthly) or 2 boxes of chewables (\$3.50 monthly).

Sponsoring Adult's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Desired Juice Plus+<sup>®</sup> product for ages 4-12:  Capsules  Chewables (Participants 13 and older, as well as sponsoring adults, automatically receive capsules.)

**Yes! Enroll me in the Juice Plus+<sup>®</sup> Effect Program!** I will participate in a short survey in 90 days to receive, with my next shipment, a complimentary choice of:

- 2 bottles of Juice Plus+ Vineyard Blend<sup>®</sup>  2 pouches of Juice Plus+ Complete<sup>®</sup>  2 pouches of Juice Plus+ Vineyard Blend<sup>®</sup> Chewables