



UNITED STATES ORDER FORM

Juice Plus®+ Representative:			FIN:				
Name:					[/Date://	
Address:			City:		Stat	State:Zip:	
Phone:		E	-Mail:				
Method of	Payment (circle one):	/ISA MC	AMEX	DISCOVER	BANK DR	AFT**	
Credit Card #:			Exp. Date:/				
Name on Card:			Signature:				
**Bank Draft Checking Acct #:			Routing #:				
Quantity	Juice Plus+® Products					Preferred 4-Month Installment Price	
	COMPLETE + COMPLETE	Services Ser	(2 shakes/d	d10™ Package" lay + Juice Plus+® Trio O Chocolate	•	\$194.25/month (\$6.50/day)	
	COMPLETE + SATE OF		(1 shake/d	nium Package" ay + Juice Plus+® Tric O Chocolate O Vari		\$132.75/month (\$4.40/day)	
	COMPLETE		(1	sic Package" 1 shake/day) O Chocolate O Vari	ety	\$61.50/month (\$2.05/day)	
		Juice Plus+® Orchard, Garden & Vineyard Blend Capsules				\$71.25/month (\$2.38/day)	
	Juice Plus+® Orchard, Garden & Vineyard Blend Chewables			•	\$76.75/month (\$2.56/day)		
	Complete by Juice Plus+® Nutrition Bars (60 bars) O Tart Cherry + Honey O Dark Chocolate + Fig O Variety (30 of each)				I	\$32.50/month (\$2.16/bar)	
		Merchandise 7	Total (Applicabl	e Taxes Apply; Prices Sub	eject to Change)		
	Shipping & Handling	(AK,HI, PR, GU, US Vir	gin Islands: \$8.50	for first carton, \$7.00 / ac	dditional carton)		
				OR	DER TOTAL		
♥ This order o	qualifies you for enrollment in th	ne Children's Health	Study.	OR	DER TOTAL		

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: O Capsules O Chewables							