

Juice PLUS+ ORDER FORM

Juice Plus+ Representative: Becky Long FIN: USM0301182

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	Pay in Full Price
		Juice Plus+ Orchard, Garden & Vineyard Blend	\$265.00
		Juice Plus+ Orchard & Garden Blend	\$165.00
		Juice Plus+ Vineyard Blend	\$100.00
		Juice Plus+ Omega Blend	\$120.00
		Juice Plus+ Orchard, Garden & Vineyard Blend Chewables	\$280.00
		Juice Plus+ Orchard & Garden Blend Chewables ____ Adult Serving (\$1.59/day) ____ Child Serving (\$0.82/day)	Adult: \$170.00 Child: \$85.00
		Juice Plus+ Vineyard Blend Chewables	\$110.00
		Juice Plus+ Orchard & Garden Blend Chewables: Pocket Packs	\$95.00
		Juice Plus+ Vineyard Blend Chewables: Pocket Packs	\$64.00
		Complete by Juice Plus+ Shake Mix <input type="radio"/> Vanilla <input type="radio"/> Chocolate <input type="radio"/> Variety (2 of each)	\$110.00
		Complete by Juice Plus+ Single Serve Shake Mix (60 sachets per box) <input type="radio"/> Vanilla <input type="radio"/> Chocolate <input type="radio"/> Variety (2 of each)	\$120.00
		Complete by Juice Plus+ Nutrition Bars (15 bars per box) <input type="radio"/> Tart Cherry+Honey <input type="radio"/> Dark Chocolate+Fig <input type="radio"/> Variety (both) ____ 30 bars/ 2 monthly installments ____ 60 bars / 4 monthly installments	\$110.00 (60 bars)
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 per additional carton)			
Order Total			



I understand that my child 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 or chewable customer during this period. I agree to pay shipping/handling for my product and 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+ product for child: Capsules Chewables