Name:		Date:	1 1
	ity/State/Zip:		
Phone:	E-Mail:		
Method of F	Payment (circle one): VISA MC AMEX	DISCOVER	
Credit Card	d #:	Exp. Date: /_	
Name on Ca	Card:	Signature:	7
Quantity	Juice Plus+® Pro	oducts	Preferred 4-Month Installment Price
	Juice Plus+® Orc	chard, Garden and Vineyard Blends	<b>\$67.50/month</b> (\$2.25/day)
	Juice Plus+® Orc	chard and Garden Blends	<b>\$41.75/month</b> (\$1.39/day)
	Juice Plus+ Vine	yard Blend®	<b>\$26.75/month</b> (\$0.89/day)
	Juice Plus+® Che	ewablesAdult ServingChild Serving	Adult: \$44.50/month (\$1.48/day) Child: \$22.75/month (\$0.76/day)
	Juice Plus+ Vine	eyard Blend® Chewables	<b>\$29.50/month</b> (\$0.98/day)
		nplete® Drink Mix hocolate • Variety (2 of each)	<b>\$29.75/month</b> (\$1.98/shake)
	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	_1-1_
No h		reals review. Acquired to selected a recoverance of the control of	
Child's Nar		Child's Birthdate:	/
	Attending (full-time undergrad);		· · · · · · · · · · · · · · · · · · ·
	uice Plus+® product for ages 4-12: ②Capsules ②Chewables		eceive capsules.)
L			

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