



QUEBEC

GST Registration# 898362736RT0001

Name: _____

Address/City/Province: _____

Postal Code: _____

Phone: _____

E-Mail: _____

Method of Payment (Choose one): Visa Master Card (MC) American Express (AMEX) Automatic Debit (Must be accompanied by a void cheque)



Credit Card#: _____ -- _____ -- _____ - _____

Expiry Date: ____ / ____ / ____

Name on Card: _____

Juice Plus+ [®] Representative: **Sheryl Beller-Kenner** FIN: **CAN0025261**

TEN-DAY SHRED ORDER FORM

QUANTITY	JUICE PLUS+ [®] PRODUCTS		PREFERRED 4 MONTH INSTALLMENT PRICE <small>Freight & Tax included</small>
1		JUICE PLUS+ [®] 3 BLEND CAPSULES	\$107.07/MONTH
1		JUICE PLUS+ [®] COMPLETE <input type="checkbox"/> Vanilla <input type="checkbox"/> Chocolate <input type="checkbox"/> Combo	60 SERVINGS: \$49.87/MONTH
		Order Total	\$156.94/MONTH FOR 4 MONTHS

I understand that my child will receive Juice PLUS+ [®] product for the period of four years. I agree to be a Juice Plus+ [®] customer during this period. I also understand that the CHS shipping is an additional cost, pickups are not excluded.Child: Chewables Capsules

Sponsoring Adult's Name: _____ Child's Name: _____

Child's Birthdate: ____ / ____ / ____ College Attending (full-time undergrad): _____ Student's E-mail: _____