

# Preferred Customer Reorder

ALBERTA/SASKATCHEWAN



**YES!**

I wish to participate in the Preferred Customer

Automatic Reorder Program. I would like to have a four month supply of Juice Plus+® sent to me every four months and be charged monthly installments (applicable taxes and freight included).



**Juice Plus+®  
Capsules 4 mth  
Supply \$58.54/mth**



**Juice Plus+®  
Vineyard 4 mth  
Supply \$36.49/mth**



**Juice Plus+®  
Complete**

- Chocolate
- Vanilla
- Variety

60 servings \$38.67/mth  
 120 servings \$75.25/mth



**Juice Plus+®  
Chewables 4 mth supply**

Child \$35.17/mth  
 Adult \$68.25/mth

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Franchisee Identification Number

NSA Representative Name (please print)

## SHIPPING INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Daytime Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

**Automatic Debit** (must be accompanied by a void cheque at least 24 hours prior to the processing date of order)  
Please process **ASAP** or on \_\_\_\_\_.

Ship my first order in (month) \_\_\_\_\_. Delivery will be 5-10 business days after processing date. (NSA Canada Inc., allows for the return of unused products within 60 days of purchase for reimbursement in full).

**Place your order by mailing or faxing to:**  
**2785 Skymark Ave Unit 15, Mississauga, ON L4W4Y3**  
**Phone 1.800.668.8980**  
**Fax (905) 624.4624**

GST/HST REGISTRATION# 898362736RT0001



## BILLING INFORMATION

Same as Shipping Info



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Name: \_\_\_\_\_

Expiration Date -

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Signature: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Daytime Phone#: \_\_\_\_\_