



CUSTOMER PROFILE



Customer Name _____

Order Date _____ Phone/text _____

Address _____

Email _____

Items Purchased:

- ☐ Juice Plus+ Trio (Capsules / Chewables)
- ☐ Complete Shakes (Chocolate / Vanilla / Variety)
- ☐ Complete Bars (Cherry / Chocolate / Variety)
- ☐ Tower Garden
- ☐ Shred10™ Package (Trio + 2 shakes/day)

Is this also a Children's Health Study order? (Yes / No)

☐ Child's Name _____ DOB _____

INSTRUCTIONS

Print out one Customer Profile form per customer and keep in a binder. Use this sheet when a customer orders and during follow-up conversations. Record customer's responses and refer back to them as you continue customer care.

- ☐ May I friend request you on Facebook?
- ☐ May I add you to our private Facebook group and welcome you?
- ☐ What is your favorite way to learn? (read / watch video / listen / attend live events)
- ☐ Would you like to be included on our list to be invited to live and online events?

Pre Juice Plus+® / Shred10™ Survey →

Why did you order Juice Plus+® for your family?

What are the top three areas you would like to see improve most in your health?

- 1.
- 2.
- 3.

Where will you keep your Juice Plus+® and when will you take it each day?

How should I contact you? (phone, e-mail, text, Facebook, etc.)

Juice Plus+® / Shred10™ Experience Survey →

After the Shred10™ and every four months thereafter, ask customers about their experience such as:

- | | |
|--|--|
| <input type="checkbox"/> Eating more fruits & vegetables | <input type="checkbox"/> Decrease in junk food cravings |
| <input type="checkbox"/> Drinking more water | <input type="checkbox"/> Increased mental clarity |
| <input type="checkbox"/> Better recovery from workouts | <input type="checkbox"/> Healthier teeth & gums (less bleeding or sensitivity) |
| <input type="checkbox"/> Improvement in sleep | <input type="checkbox"/> Healthier hair (thicker, faster growing, shinier) |
| <input type="checkbox"/> Increased energy level | <input type="checkbox"/> Healthier nails (faster growing, stronger) |
| <input type="checkbox"/> Increased stamina or quality of exercise | <input type="checkbox"/> Improvement in complexion |
| <input type="checkbox"/> Weight loss (if you felt you needed to lose weight) | <input type="checkbox"/> Improvement in general sense of well-being |
| <input type="checkbox"/> Improvement in regularity | |

Who have you told about Juice Plus+® or Shred10™? _____