



### Participant Agreement - Plan A

This is to acknowledge my participation in the Juice Plus+® Wellness Plus+ Program under the terms and conditions listed below.

1. I will have the support of a Professional Wellness Coordinator, whose primary responsibility will be to make follow-up sales calls to my customer prospects and to provide additional follow-up support after a sale is made.
2. I hereby authorize The Juice Plus+® Company to deduct from my monthly commission check \$10 from my sales profit per preferred customer order on the first two shipments of Juice Plus+® sold to each customer generated in my partner number. The purpose of this deduction is to fund the Professional Wellness Coordinator service.
3. I agree to submit leads to my Professional Wellness Coordinator on a regular and timely basis. After receipt, leads should be forwarded within a 24-hour period. These leads will be generated through both my personal recommendation, as well as the sharing of Juice Plus+® information and materials.
4. This agreement may be terminated by either myself or The Juice Plus+® Company upon a written notice submitted ten (10) days prior to the last sales day of each month.

Wellness Plus+ Participant

\_\_\_\_\_

FIN \_\_\_\_\_

Juice Plus+® Sponsor

\_\_\_\_\_

FIN \_\_\_\_\_

Wellness Coordinator

\_\_\_\_\_

FIN \_\_\_\_\_

Date \_\_\_\_\_

Please scan and return completed form to [WellnessPlus@juiceplus.com](mailto:WellnessPlus@juiceplus.com)  
or fax to 901-850-3061.



### Participant Agreement - Plan B

This is to acknowledge my participation in the Juice Plus+® Wellness Plus+ Program under the terms and conditions listed below.

1. I will have the support of a Professional Wellness Coordinator, whose primary responsibility will be to make follow-up sales calls to my customer prospects and to provide additional follow-up support after a sale is made.
2. I hereby authorize The Juice Plus+ ® Company to deduct from my monthly commission check half of the sales profit per preferred customer order sold to each customer generated in my partner number. The purpose of this deduction is to fund the Professional Wellness Coordinator service.
3. I agree to submit leads to my Professional Wellness Coordinator on a regular and timely basis. After receipt, leads should be forwarded within a 24-hour period. These leads will be generated through both my personal recommendation, as well as the sharing of Juice Plus+® information and materials.
4. This agreement may be terminated by either myself or The Juice Plus+® Company upon a written notice submitted ten (10) days prior to the last sales day of each month.

Wellness Plus+ Participant

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FIN \_\_\_\_\_

Juice Plus+® Sponsor

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FIN \_\_\_\_\_

Wellness Coordinator

\_\_\_\_\_

FIN \_\_\_\_\_

Date \_\_\_\_\_

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