



Wellness Coordinator Agreement - Plan A

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

1. To participate in this program, I must be set up with an email address in order to receive correspondence from The Juice Plus+ Company on a timely basis.
2. Customer leads should be contacted within 48 hours.
3. The Wellness Coordinator will be responsible for making two follow-up phone calls: 10 days after the sale and 10 days before the second preferred customer order is scheduled to ship. The Juice Plus+ Company will provide phone lists, along with names and dates via email.
4. The Wellness Coordinator will be compensated from the sales profit on the first and second shipment of each preferred customer order shipped. Payments will be made according to The Juice Plus+® Compensation Plan and added to the the partner's monthly earnings.
5. If the Wellness Coordinator should decide to no longer participate in the Wellness Plus+ Program, any outstanding commissions shall be forfeited.

Wellness Coordinator _____ FIN _____

Street Address _____ City, State, Zip _____

Phone _____ Fax _____

Email _____

Signature _____ Date _____

Please scan and return completed form to WellnessPlus@juiceplus.com
or fax to 901-850-3061.



Wellness Coordinator Agreement - Plan B

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

1. To participate in this program, I must be set up with an email address in order to receive correspondence from The Juice Plus+ Company on a timely basis.
2. Customer leads should be contacted within 48 hours.
3. The Wellness Coordinator will be responsible for supporting the needs of all customers during the duration of the participant/customer relationship.
4. The Wellness Coordinator will be compensated 1/2 of the sales profit per preferred customer order. Payments will be made according to The Juice Plus+ Company Compensation Plan and added to the the partner's monthly earnings.
5. If the Wellness Coordinator should decide to no longer participate in the Wellness Plus+ Program, any outstanding commissions shall be forfeited.

Wellness Coordinator _____ FIN _____

Street Address _____ City, State, Zip _____

Phone _____ Fax _____

Email _____

Signature _____ Date _____

Please scan and return completed form to WellnessPlus@juiceplus.com
or fax to 901-850-3061.