



**Please complete this form and Fax it to Juicy Ladies at (818) 716-0200**

**First Name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Best time to call:** \_\_\_\_\_

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

**How did you hear about our detox Plan?**

From a Juicy Ladies Detox Rep   
Detox Representatives Name: \_\_\_\_\_

From A Friend

Walked into Juicy Ladies Store

I'm a client at the Juicy Ladies Cleanse Clinic

Searching Online

Yelp

Other (please specify): \_\_\_\_\_

**What would you like to achieve in your detox?**

\_\_\_\_\_  
\_\_\_\_\_



## Detoxification Questionnaire

**IMPORTANT:** THE INFORMATION YOU PROVIDE TO US BELOW IS INTENDED TO SERVE AS A GUIDE ONLY FOR JUICY LADIES (“JL”), WITH WHICH TO FORMULATE A SPECIALIZED DETOX PROGRAM.

IT IS YOUR SOLE RESPONSIBILITY TO CONSULT A PHYSICIAN OR OTHER HEALTHCARE PROVIDER PRIOR TO STARTING JL’S DETOX PROGRAM. JL IS NOT LICENSED TO DIAGNOSE A MEDICAL CONDITION OR ILLNESS, NOR IS IT LICENSED TO EVALUATE THE EFFECT OF ITS DETOX PROGRAM ON ANY PHYSICAL CONDITION YOU MAY HAVE. IT IS YOUR SOLE RESPONSIBILITY TO ENSURE THAT YOU ARE IN GOOD HEALTH AND THAT YOUR PARTICIPATION IN OUR DETOX PROGRAM WILL NOT PRESENT ANY RISKS TO, OR ADVERSELY AFFECT, ANY PHYSICAL OR MEDICAL ISSUES YOU MAY HAVE.

1. Have you ever undergone a detox program?

\_\_\_\_\_

If your answer is yes, when was your last detox?

\_\_\_\_\_  
\_\_\_\_\_

2. Have you been diagnosed with one or more of the following illnesses: Kidney Disease, Hypoglycemia, Hyperglycemia, Diabetes, Candida or Cancer?

Please explain, include dates and current condition

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any health concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Are you currently taking any medication?

\_\_\_\_\_  
\_\_\_\_\_

5. Are you aware of any food allergies? \_\_\_\_\_

6. Any other information we should know prior to starting your detox?

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7. Would you like to schedule a private medical intuitive and nutritional consultation? (Extra fee is required)

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8. We highly recommend during the detox to work on your emotional being  
If interested in private session or further information please state below:

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9. Please indicate below your daily life style (very active, average activity or not  
Active at all) how often do you go to the gym?

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10. Do you feel you have a supportive environment to detox? Will you be interested  
in Our seasonal detox retreats?

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By signing below, I represent and warrant that the information I have provided above  
is accurate and complete.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

*Juicy ladies wishes you good luck on your way to your health  
And is fully committed to help you make it happen*



## NOTICE AND DISCLAIMER

**IMPORTANT:** Please read and acknowledge your understanding and agreement to the information furnished by this document.

### Disclaimer and Notice

Any and all background information about the detoxification participant (“you” or “individual”) has been provided by the individual to serve as a guide only for Juicy Ladies (“JL”), with which to formulate a specialized detox program. It is the sole responsibility of the individual to provide complete and accurate information and to consult a physician or other healthcare provider prior to starting JL’s detox program. JL is not licensed to diagnose a medical condition or illness, nor is it licensed to evaluate the effect of its detox program on any physical condition you may have. By signing below, you represent and warrant to JL that you are in good health and that your participation in our detox program will not present any risks to, or adversely affect, any physical or medical issues that you may have. \_\_\_\_\_ (initial here)

### Medical Disclaimer

JL’s products have not been officially evaluated by the Food and Drug Administration, nor has the information herein been established as medical fact. \_\_\_\_\_ (initial here)

### Success Disclaimer

Individual acknowledges and agrees that no warranties or representation have been made to him/her regarding the result to be achieved from this program. Individual understands that results are likely to vary from participant to participant. \_\_\_\_\_ (initial here)

### Refund Policy

\*Detox plans are \$110 a day, \$130 for Delivery, & FedEx Overnight charges vary + a \$10 shipping and handling fee applies

By signing below you are fully aware of all costs and charges. Juicy Ladies schedules employees to prepare detox programs and we order ingredients specifically for your needs. Therefore, we do not honor refunds or store credit for any detox products or programs. We will not accept any changes to your plan after 4pm PST for your next Detox Day. By signing below you are fully committed to paying the amount specified in your plan. \_\_\_\_\_ (initial here)

### Miscellaneous

Any action brought between individual and JL shall be brought in the Los Angeles County Superior Court, applying California law. \_\_\_\_\_ (initial here)



Which Detox Plan do you want to sign up for?

1. **I'm A Beginner A** – Perfect Detox for First Timers
2. **I'm A Beginner B** (For those with blood sugar irregularities)
3. **I'm Getting There A** – For those familiar with detox programs
4. **I'm Getting There B** - (For those with blood sugar irregularities)
5. **I Can Do It A** – For someone who has detoxed before
6. **I Can Do It B** - (For those with blood sugar irregularities)

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How Many Days are you interested in detoxing for? \_\_\_\_\_

When do you want to start: \_\_\_\_\_

What time do you want your detox ready: \_\_\_\_\_

I want Juicy Ladies to:

Ship my Detox Bag (Fed Ex Overnight Charges + \$10 Shipping & Handling Fee)

Deliver to my home (\$130)

Prepare for Pickup (\$110)

Where would you like your detox delivered or shipped to:

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## CREDIT CARD BILLING AUTHORIZATION FORM

<b>Credit Card Billing Information:</b>	
Your Name: (as it appears on your credit card)	
Credit Card Type:	Visa [ <input type="checkbox"/> ] Mastercard [ <input type="checkbox"/> ] Amex [ <input type="checkbox"/> ] Discover [ <input type="checkbox"/> ] Other, please specify: [ <input type="text"/> ]
Issuing Bank:	
Credit Card Number:	
CVC Number (last 3 digits on back of card or 4 digits on front of card):	
Expiration Date:	
Billing Address:	

I authorize Juicy Ladies to bill my credit card for all orders that I place for which I do not pay by other means. I also authorize Juicy Ladies to bill my credit card in the event that I extend my detox program beyond the original agreed-upon number of days for which I have not pre-paid by other means. I understand that I cannot change my detox plan after 4pm PST for my next Detox Day.

AGREED:

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

**FAX this form to: 818-716-0200**