



Preferred Client / Client / Wholesale Consultant Care

Office Use Only

Name: _____ Phone: _____

Cell: _____ WK: _____ Best time to call: _____

Mailing Address: _____ City: _____ Postal Code/Zip: _____

E-Mail: _____ Wants to Receive Email Specials

Added to Client Blast List: Birthday: _____ Anniversary: _____

Significant Other: _____ Phone: _____ Email: _____

Credit Card Info: # _____ EXP: _____

ID #- _____ Date & Location Contact Made: _____

PRODUCTS ORDERED- _____ RSVP ORDERED- _____ RSVP 2 ORDERED- _____

FC5 Skin RE9 Skin Hair Care Body Care Aromatherapy Detox Spa Weight Loss

Baby Care Color Sun Protection Hybrids (Notes) _____

RENEWAL MONTH: _____

Postcard Sent- Y/N Renewed- Y/N

Postcard Sent- Y/N Renewed- Y/N

Postcard Sent- Y/N Renewed- Y/N

CLIENT REFERRALS (name & phone number)

1. _____

2. _____

3. _____

FOLLOW UP CALLS

2nd Month- Order Placed Y/N

3rd Month- Order Placed- Y/N

Call #1- Once Ordered Delivered

Call #2- 2 Weeks after Call #1

Call #3- 1 Month From Call #2

1. _____

2. _____

3. _____

