

Thank you for your opinion!



Date: _____ Name: _____ Consultant's Name _____

1. How does your face feel after using our skincare?
2. What part of the Miracle Set Skincare did you like the best?
3. If Donald Trump said, "Baby, it's on the house!" which sets would you love to take home with you today? (your wish list!)
4. To offer the best follow-up appointment:
 - What products or techniques would you like to try at your follow up appointment?
 - What time typically works best for you?
Weekday _____ Weeknight _____ Weekend _____
Specific day or time? _____
 - How many girlfriends would you like to share your follow up appointment with to earn 1/2 back free or up to \$100 in free products? *
3-6 _____ 7-10 _____
 - Would you be interested in Seasonal Update Makeovers throughout the year? Please circle one: Yes No Maybe
5. For a free eye color or 1/2 price color item, would you be willing to give me your opinion of the MK opportunity to help me reach my goal? Please circle one: Yes No Maybe

Your Contact Information

Address: _____

City: _____ State: _____

Home Phone: _____ Cell: _____

Email Address: _____

Order Ticket

Items Ordered	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Sub-Total _____
Sales Tax (6%) _____
Total Due: _____

Payment

Please indicate your payment preference: credit card, check, cash

If paying by credit card, please provide the following:

Account _____ Exp: ____/____

Signature: _____