

### SKIN CARE QUESTIONNAIRE

Are you currently using a skincare program? \_\_\_yes \_\_\_ no  
Your skin type is \_\_\_ dry \_\_\_ normal \_\_\_ combination \_\_\_ oily  
Have you ever tried Mary Kay cosmetics?\_\_\_ yes \_\_\_ no  
If currently using Mary Kay, who is your consultant: \_\_\_\_\_  
If I were to give you a free facial and makeover, would you give me your  
opinion of our products? \_\_\_ yes \_\_\_ no  
I would like to have my facial with: \_\_\_ just me\_\_\_1-2 friends *OR*  
\_\_\_3-5 friends (and earn FREE products!)  
I would prefer my appointment in the \_\_\_ daytime \_\_\_ evening  
I am interested in \_\_\_ skincare \_\_\_ nail care \_\_\_ aromatherapy \_\_\_ glamour  
I would like information about a Mary Kay career \_\_\_part-time \_\_\_ full-time  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Best time to call: \_\_\_\_\_ Email: \_\_\_\_\_

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## Order Form

Quantity	Description	Color	Unit Price	Total
<input type="checkbox"/> Cash <input type="checkbox"/> Check Payable To: _____ <input type="checkbox"/> MasterCard/Visa/Discover/AX <small>(circle type)</small> Name on Card _____ CC# _____ Exp _____			Subtotal	
			Tax	
			TOTAL	

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