

SKIN CARE SURVEY

- 1. Are you currently using a skin care program? Yes No
- 2. Are you happy with the results you are receiving? Yes No
- 3. What type of skin do you have? Dry Normal Combination Oily
- 4. Have you ever tried Mary Kay Cosmetics? Yes No If yes, when?_____
- 5. If we were to schedule an appointment would you give me your honest opinion of our products? Yes No
- 6. Would you prefer to have your appointment with 1-2 friends or 3-6 friends
Daytime or Evening
- 7. I am interested in: Skin Care Color Fragrance
- 8. I would like to be a model for your 'Before & After Portfolio and receive \$15.00 FREE MK Product: Yes___ No___
- 9. I am interested in information regarding the Mary Kay Career opportunity:
Part time___ Full time___

Name_____

Address_____

City_____ State_____ Zip_____ Phone#_____

Cell#_____ Best time to reach you_____

Consultant that you are filling out the card for is:

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City_____ State_____ Zip_____ Phone#_____

Cell#_____ Best time to reach you_____

Consultant that you are filling out the card for is:

Business Name

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

PLEASE
PLACE
STAMP
HERE

Business Name

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

PLEASE
PLACE
STAMP
HERE

Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5

Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5

Business Name

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

PLEASE
PLACE
STAMP
HERE

Business Name

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

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Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5

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Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5