

1. Did you see an immediate improvement in your skin? YES ___ NO ___
2. On a scale of 1 to 5, with 5 being the best, did you experience improved softness of your skin?
1 2 3 4 5
3. On a scale of 1 to 5, with 5 being the best, did you experience improved smoothness of your skin?
1 2 3 4 5
4. On a scale of 1 to 5, with 5 being the best, did you notice your pores appearing smaller?
1 2 3 4 5
5. Are you currently using Mary Kay's TimeWise skin care products?
YES ___ NO ___
6. What is your skin type? Dry ___ Normal ___ Combination ___ Oily ___
7. What is your age range? 18-25 ___ 26-35 ___ 36-45 ___ 46-55 ___ 56+ ___
8. Would you be interested in purchasing this product knowing that you would get 36 applications for \$55? YES ___ NO ___
9. If I offered you a complimentary makeover & \$10 gift certificate, would you give me your opinion of our TimeWise Skin care? yes ___ no ___ maybe ___

Ready to
fight
fine lines?



Name: _____ Phone: _____

Cell phone: _____ Best Time to call : Day / Night

Address: _____ Zip _____

Email Address: _____

Your Beauty Consultant: _____

1. Did you see an immediate improvement in your skin? YES ___ NO ___
2. On a scale of 1 to 5, with 5 being the best, did you experience improved softness of your skin?
1 2 3 4 5
3. On a scale of 1 to 5, with 5 being the best, did you experience improved smoothness of your skin?
1 2 3 4 5
4. On a scale of 1 to 5, with 5 being the best, did you notice your pores appearing smaller?
1 2 3 4 5
5. Are you currently using Mary Kay's TimeWise skin care products?
YES ___ NO ___
6. What is your skin type? Dry ___ Normal ___ Combination ___ Oily ___
7. What is your age range? 18-25 ___ 26-35 ___ 36-45 ___ 46-55 ___ 56+ ___
8. Would you be interested in purchasing this product knowing that you would get 36 applications for \$55? YES ___ NO ___
9. If I offered you a complimentary makeover & \$10 gift certificate, would you give me your opinion of our TimeWise Skin care? yes ___ no ___ maybe ___

Ready to
fight
fine lines?



Name: _____ Phone: _____

Cell phone: _____ Best Time to call : Day / Night

Address: _____ Zip _____

Email Address: _____

Your Beauty Consultant: _____