**Customers Name**_____
**Address**_____ **City**_____ **St.**_____ **Zip code**_____
**Telephone**_____ **Cell**_____ **Email**_____
**Workplace**_____ **Work #**_____
**Pay By: Cash** ☐ **Check** ☐ **Credit Card** ☐ **#** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Ex Date**_ _/_ _

| **Reorder Month** | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **3-1 Cleanser N/D** | | | | | | | | | | | | |
| **3-1 Cleanser C/O** | | | | | | | | | | | | |
| **3-1 Cleanser Bar** | | | | | | | | | | | | |
| **Age Fighting Moisturizer N/D** | | | | | | | | | | | | |
| **Age Fighting Moisturizer C/O** | | | | | | | | | | | | |
| **Age Fighting Moisturizer w/ Sun Screen** | | | | | | | | | | | | |
| **Day Solution** | | | | | | | | | | | | |
| **Night Solution** | | | | | | | | | | | | |
| **Microdermabrasion/ Refine** | | | | | | | | | | | | |
| **Microdermobrasion/Repl** | | | | | | | | | | | | |
| **Firming Eye Cream** | | | | | | | | | | | | |
| **Age Fighting Eye Cream** | | | | | | | | | | | | |
| **Age Fighting Lip Primer** | | | | | | | | | | | | |
| **Even Complexion Essence** | | | | | | | | | | | | |
| **Visibly Fit Body Lotion** | | | | | | | | | | | | |
| **Cellu Shape / Day time** | | | | | | | | | | | | |
| **Cellu Shape / Night time** | | | | | | | | | | | | |
| **Timewise Line Reducer** | | | | | | | | | | | | |
| **Gentle Cleansing Cream** | | | | | | | | | | | | |
| **Creamy Cleanser** | | | | | | | | | | | | |
| **Deep Cleanser** | | | | | | | | | | | | |
| **Moisture Rich Mask** | | | | | | | | | | | | |
| **Revitalizing Mask** | | | | | | | | | | | | |
| **Clarifying Mask** | | | | | | | | | | | | |
| **Hydrating Freshner** | | | | | | | | | | | | |
| **Purifying Freshner** | | | | | | | | | | | | |
| **Blemish Control Toner** | | | | | | | | | | | | |
| **Enriched Moisturizer** | | | | | | | | | | | | |
| **Balancing Moisturizer** | | | | | | | | | | | | |
| **Oil Control Lotion** | | | | | | | | | | | | |

**Customers Name**_____
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**Pay By: Cash** ☐ **Check** ☐ **Credit Card** ☐ **#** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Ex Date**_ _/_ _

| **Reorder Month** | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Indulge Soothing Eye Gel** | | | | | | | | | | | | |
| **Oil Free Eye Make up Rem.** | | | | | | | | | | | | |
| **Satin Lips Balm** | | | | | | | | | | | | |
| **Satin Lips Mask** | | | | | | | | | | | | |
| **Acne Treatment Gel** | | | | | | | | | | | | |
| **Adv. Moisture Renewal** | | | | | | | | | | | | |
| **Beauty Blotters Tissues** | | | | | | | | | | | | |
| **Extra Emollient Night Cream** | | | | | | | | | | | | |
| **Intense Moisturizing Cream** | | | | | | | | | | | | |
| **Oil Free Hydrating Gel** | | | | | | | | | | | | |
| **Facial Cleansing Cloths** | | | | | | | | | | | | |
| **Oil Matifier** | | | | | | | | | | | | |
| **Extra Emollient Cleansing Cream** | | | | | | | | | | | | |
| **Tinted Moisturizer W/SPF20** | | | | | | | | | | | | |
| **Med. Coverage Foundation** | | | | | | | | | | | | |
| **Full Coverage Foundation** | | | | | | | | | | | | |
| **Crème-to-Powder Founda-tion** | | | | | | | | | | | | |
| **Dual Coverage Powder Found** | | | | | | | | | | | | |
| **Cream Foundation-Classic** | | | | | | | | | | | | |
| **Eye Primer** | | | | | | | | | | | | |
| **Velocity Facial Cleanser** | | | | | | | | | | | | |
| **Velocity Lightweight Moist.** | | | | | | | | | | | | |
| **Concealer** | | | | | | | | | | | | |
| **Facial Highlighter Pen** | | | | | | | | | | | | |
| **Loose Powder** | | | | | | | | | | | | |
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