

Customer Profile and Products

NAME:		ADDRESS 1:	PHONE (home):
EMAIL:		ADDRESS 2:	PHONE (work):
BIRTHDAY:	ANNIVERSARY:	SPOUSE'S BIRTHDAY:	PHONE (cell):
SPECIAL OCCASIONS FOR GIFTS (Family, Friends, etc.)		Favorite Avon Products: 1.	4.
Name:	Occasion:	Favorite Avon Products: 2.	5.
Name:	Occasion:	Favorite Avon Products: 3.	6.
Name:	Occasion:	Referrals: 1.	3.
Name:	Occasion:	Referrals: 2.	4.
Name:	Occasion:	Specials Requests:	

	PRODUCT USING NOW	COST	AVON PRODUCTS TO USE	COST
	SKIN CARE	\$		\$
	Cleanser (day/night):	\$		\$
	Moisturizer (day/night):	\$		\$
	Eye Treatment:	\$		\$
	Additional Treatments:	\$		\$
	COLOR	\$		\$
	Foundation:	\$		\$
	Concealer:	\$		\$
	Powder:	\$		\$
	Blush:	\$		\$
	Eye Shadow:	\$		\$
	Liners (brow/eye):	\$		\$
	Mascara:	\$		\$
	Lip color/liner:	\$		\$
	NAIL CARE	\$		\$
	Treatment:	\$		\$
	Enamel:	\$		\$
	FRAGRANCE	\$		\$
	Cologne/Perfume:	\$		\$
	Bath/Body:	\$		\$
	PERSONAL CARE	\$		\$
	Bath/Body (lotion/wash):	\$		\$
	Hand (lotion/treatment):	\$		\$
	Hair Care:	\$		\$
	Foot Care:	\$		\$
	Deodorant:	\$		\$
	JEWELRY:	\$		\$
	FASHION:	\$		\$
	OTHER:	\$		\$

NAME:

