CUSTOMER CARE CARD		
Name:	Phone Number:	
Address:	Best Time to Contact:	
City:	_ State:	Zip Code:
Email:		
Date of first purchase:	Host:	
Reorder: [] Every Two Weeks [] Once a	Month []Ever	y 2 Months [ ] Every
My favorite product(s) is (are):		
Purchases:		
CUSTOMER CARE CARD		
CUSTOMER CARE CARD  Name:	_ Phone Numb	oer:
		-
Name:	_ Best Time to	-
Name:	Best Time to State:	Contact: Zip Code:
Name:Address:	Best Time to State:	Contact: Zip Code:
Name:Address:	_ Best Time to _ State:	Contact: Zip Code:
Name:	_ Best Time to _ State: Host:	Contact: Zip Code:  y 2 Months [] Every
Name:	_ Best Time to _ State: Host: Month [] Ever	Contact: Zip Code:  y 2 Months [] Every
Name:	_ Best Time to _ State: Host: Month [] Ever	y 2 Months [] Every
Name:	_ Best Time to _ State: Host: Month [] Ever	Contact: Zip Code:  y 2 Months [] Every