

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 ☐ Every 2 Months ☐ Every _____

My favorite product(s) is (are): _____

Purchases: _____

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