Consultant ID # COLOR ME BEAUTIFUL Customer Record DATE / / NAME ______ BIRTH - MONTH AND DAY ____/___ ADDRESS CITY______ STATE____ ZIP_____ HOME PHONE BUSINESS PHONE CHENT'S PROFESSION E-MAIL SKIN HUF HAIR #A EYES JO# SEASONAL NAME: **GLAMOROUS START COLLECTION CONCEALER FOUNDATION LOOSE POWDER** EYE SHADOW EYE SHADOW EYE SHADOW EYE PENCIL

EYE PENCIL

BLUSH

MASCARA

LIP PENCIL

LIPSTICK

LIP GLOSS

PALETTE: O Personal purchase O Hold a class

SUBTOTAL TAX

TOTAL AMOUNT

Interested in IMAGE UPDATE Classes

Form # 4061

Date Called	Product Purchases	Interested In	Delivery Date	Call Back Date