

Customer Data Sheet

Name _____ Date _____
Address _____ City, State, Zip _____
Email _____ Birthday _____ Family Info _____
Home Ph _____ Work Ph _____ Best times to call _____
Credit Card: Visa _ MC _ Disc _ Amex _ Card Number: _____ Exp. _____

Product Goals _____ Start Date _____

| Day | Date | Weight | Chest | Waist | Hips | Rt. Calf | Rt. Thigh | Rt. Arm |
|--------|------|--------|-------|-------|------|----------|-----------|---------|
| 1 | | | | | | | | |
| notes: | | | | | | | | |
| 3 | | | | | | | | |
| notes: | | | | | | | | |
| 7 | | | | | | | | |
| notes: | | | | | | | | |
| 15 | | | | | | | | |
| notes: | | | | | | | | |
| 26 | | | | | | | | |
| notes: | | | | | | | | |

Samples Given: _____

Day 10 Invitation to Save \$/Make \$ (date sent): _____

Date Became PM: _____ Interested in DS? _____

Referrals:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

