



PEACH SMOOTHIE!

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAY PHONE: _____

NIGHT PHONE: _____

CELL PHONE: _____

EMAIL _____

BEST WAY TO REACH ME?

____am phone ____pm phone ____cell

____email

1) Did you LOVE THE Peach Smoothie Satin Hand Treatment? ____YES ____NO

2) What did you think of the new Peach Scent?

3) Did it leave your hands as silky smooth as you were told it would? ____YES ____NO

4) Is this a product you would buy for gifts for friends and family? ____ YES ____CALL ME
____NO

5) Is this a product you would buy for yourself? ____YES ____CALL ME ____NO

6) Have you ever tried Mary Kay before? ____YES ____NO

If so when? _____

7) Do you currently have a Mary Kay Consultant? ____YES ____NO

8) If I were to offer you a FREE facial, would you be willing to try our products and give me your opinion? ____YES ____NO

9) Which is better? ____Afternoon ____Evening

10) Would you be interested in hearing about what Mary Kay has to offer Today's Woman in part time or full time Career opportunities? ____ YES ____NO

***You will receive a FREE Mascara just for listening!!!!**

**Thank you for completing this survey.
I appreciate your help!**



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