

Client Care Card



Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Mobile _____
Email _____ Birthdate _____ Anniversary Date _____

How Interested Are You In The Following?

	Very Interested			Need More Information				Not Interested			
Hosting a "Friends Night Out" or afternoon party where you will receive specials and an 80% off Shopping Spree?	10	9	8	7	6	5	4	3	2	1	
Learn more about Arbonne's income opportunity?	10	9	8	7	6	5	4	3	2	1	
Would you like to receive notifications of upcoming specials & events?								Yes__	No__		

Questions or Comments? _____

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