

# Customer profile

At Mary Kay, we take the time to understand what you want in a skin care program. Then we build a program that works for you – your lifestyle and your needs. Want to know more? Just answer the questions below.

- 1. Have you ever tried Mary Kay® products?**  Yes  No
- a. If so, when? \_\_\_\_\_
- b. Are you currently using any Mary Kay® products?  Yes  No
- c. If so, what products? \_\_\_\_\_
- d. What other product brands are you using that you are loyal to? \_\_\_\_\_

**2. What would you like to change about your skin?** \_\_\_\_\_

- 3. My current skin care program consists of:**
- Cleanser  Mask  Freshener  Moisturizer  Foundation
- I use it all  Soap and water  What's a skin care program?
- What brand are you currently using? \_\_\_\_\_

**4. Check the one statement that best describes your skin type.**

- "Dry, dry, dry – cheeks, forehead – all dry. I'll take all the moisture I can get."
- "It's pretty normal, except for some oiliness on forehead and nose and/or some dryness."
- "I guess I'm lucky. My skin is normal, never too dry or oily."
- "My skin is so oily that by noon I need a powder touch-up to help control the shine."

- 5. a. My skin tone is:**  Ivory (fair)  Beige (medium)  Bronze (dark)
- b. For foundation coverage, I prefer:**  Full  Medium  Sheer

DATE \_\_\_\_\_

NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

How would you like to be contacted?  Phone  E-mail  Postal Mail

What is the best time to reach you?  A.M.  P.M.  At Work

How often would you like to be contacted?  Monthly

Every other month  Every 3 months  New product introduction

OCCUPATION \_\_\_\_\_ PLACE OF WORK \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ ANNIVERSARY \_\_\_\_\_

SPOUSE'S WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

**6. I would like products that:**

- Remove eye makeup gently  Help clear and prevent blemishes
- Reduce eye-area puffiness  Control oil throughout the day
- Minimize the appearance of fine lines and circles in eye area  Even skin tone and minimize fine facial lines
- Prevent eye shadow from creasing  Lighten the appearance of skin discolorations
- Reduce the appearance of dark circles under the eye  Calm skin that feels distressed and/or uncomfortable
- Smooth dry lips
- Keep lipstick from fading as it reduces the appearance of fine lines around the mouth

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*Independent Beauty Consultant: Understanding what your customer wants in skin care will help you build a program for her – her lifestyle and her needs. Here are her answers and some of the products you'll want to recommend.*

1. Have you ever tried Mary Kay® products?  Yes  No
- a. If so, when? \_\_\_\_\_
- b. Are you currently using any Mary Kay® products?  Yes  No
- c. If so, what products? \_\_\_\_\_
- d. What other product brands are you using that you are loyal to? \_\_\_\_\_

2. What would you like to change about your skin? \_\_\_\_\_

3. My current skin care program consists of:
- Cleanser  Mask  Freshener  Moisturizer  Foundation
- I use it all  Soap and water  What's a skin care program?
- What brand are you currently using? \_\_\_\_\_

4. Check the one statement that best describes your skin type.

- Dry:** TimeWise® skin care and Mary Kay® Foundation  
If needed for very dry skin: Advanced Moisture Renewal® Treatment Cream and/or Extra Emollient Night Cream
- Combination:** TimeWise® skin care & Mary Kay® Medium-Coverage Foundation (normal to oily) or Full-Coverage Foundation (normal to dry)
- Oily:** TimeWise® skin care and Mary Kay® Foundation  
If needed for very oily skin: Oil Mattifier & Beauty Blotters®  
If needed for blemish control: Blemish Control Toner and Acne Treatment Gel\*
- Normal:** TimeWise® skin care and Mary Kay® Foundation

5. a. My skin tone is:  Ivory (fair)  Beige (medium)  Bronze (dark)
- b. For foundation coverage, I prefer:  MK® Full-Coverage or Creme-To-Powder Foundation  
 MK® Medium-Coverage or Creme-To-Powder Foundation  TimeWise® Dual-Coverage Foundation

DATE \_\_\_\_\_

NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

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SPOUSE'S NAME \_\_\_\_\_ ANNIVERSARY \_\_\_\_\_

SPOUSE'S WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

6. I am interested in:

- Oil-Free Eye Makeup Remover  Acne Treatment Gel\*  
 Indulge™ Soothing Eye Mask  Blemish Control Toner\*  
 Instant-Action® Eye Cream  Oil Mattifier  
 Instant-Action® Eye Cream  Day Solution With Sunscreen SPF 15\*  
 Triple-Action® Eye Enhancer  and Night Solution
- Instant-Action® Eye Cream  Mary Kay Spot Solution®  
 Triple-Action® Eye Enhancer  Skin Lightening Cream
- Mary Kay Lumineyes™ Dark Circle  Diminisher With Vitamin K  Calming Influence®

Satin Lips®

Triple-Action® Lip Enhancer

\*An over-the-counter drug product.

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