

# customer profile

1. What is your age range? ☐ 20s ☐ 30s ☐ 40s ☐ 50s ☐ 60s+

2. Pick the one statement that best describes your skin care needs:\*\*

- ☐ I want a simple, healthy skin care regimen and/or I have sensitive skin.  
☐ I have early-to-moderate signs of aging and would like to diminish future signs.  
☐ I have advanced signs of aging and would like to diminish future signs.  
☐ I have mild-to-moderate acne blemishes I would like to address.

3. Pick the one statement that most closely describes your skin type:

- ☐ Dry ☐ Normal ☐ Combination ☐ Oily

4. Pick the statements that best describe your other skin care needs: (Check all that apply.)

- ☐ Brighten and even skin tone and reduce the appearance of dark spots  
☐ Improve the texture of my skin and reduce appearance of pores  
☐ Need on-the-go cleanser for the gym, vacation, etc.  
☐ Help reduce the appearance of expression lines  
☐ Want skin to appear lifted and firmed  
☐ Need extra hydration  
☐ Control excess oil on my face or T-zone  
☐ Need maximum hydration for extremely dry skin

5. The skin around your eye and lip areas requires special care.

Select the statements that apply to you: (Check all that apply.)

- ☐ Reduce the appearance of puffiness and sagging around the eyes  
☐ Moisturize, visibly firm, brighten and minimize the look of fine lines and wrinkles around the eye area  
☐ Soothe tired eyes or diminish the appearance of dark circles  
☐ Remove eye makeup gently  
☐ Reduce the appearance of fine lines and wrinkles around my lips  
☐ Smooth dry lips

6. Describe what you want most from your foundation:

- ☐ Age-Fighting ☐ Moisturization  
☐ Minerals ☐ Sunscreen  
☐ Oil control

The finish I prefer is: ☐ Matte ☐ Luminous/Dewy ☐ Natural  
My skin tone is: ☐ Ivory (fair) ☐ Beige (medium) ☐ Bronze (dark)

Hostess: \_\_\_\_\_

MARY KAY®

Name \_\_\_\_\_ Date \_\_\_\_\_

Birthday \_\_\_\_\_ Occupation \_\_\_\_\_

Wedding anniversary \_\_\_\_\_ The best time to reach me ☐ A.M. ☐ P.M.

Address \_\_\_\_\_

Email \_\_\_\_\_

Mobile phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

May I contact your spouse about gift-giving ideas?

- ☐ Please! Name \_\_\_\_\_  
Contact number \_\_\_\_\_  
☐ No, thank you.

Contact me ☐ New products ☐ Monthly ☐ Every 2 months ☐ Every 3 months

I prefer to be contacted: ☐ By text ☐ By phone ☐ At work ☐ By email

I am interested in learning more about:

- ☐ Color application techniques  
☐ Fragrance and body care  
☐ Men's products  
☐ Additional skin care options  
☐ Earning extra money  
☐ Earning hostess rewards  
☐ Wedding services  
☐ Gift-giving services

7. I'd like a personalized look created just for me!

Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

Lips: ☐ Thin ☐ Medium ☐ Full

Eyes: ☐ Standard ☐ Close-Set ☐ Wide-Set ☐ Deep-Set ☐ Hooded ☐ Asian

Face shape: ☐ Round ☐ Square ☐ Oval ☐ Heart

See back for more. ▶

\*\*This customer profile card allows you to share information regarding your skin care needs and cosmetic preferences with your Independent Beauty Consultant (IBC). IBC agrees to keep this information confidential.

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