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Independent Beauty Consultant Name and Number _____ Telephone No. _____ Independent Sales Director Name _____ Week Ending Date _____

DATE/TIME	FOR APPOINTMENTS WITH FIRSTNAME, MARITAL, TELEPHONE NO.	TIME ALLOTTED HOURS	NO. OF TALKS GIVEN OVER PERIOD	NO. OF ORDERS	NO. OF BOOKINGS	NO. OF NEW/OLD CUSTOMERS (SHARING TRACKING SERVICE)	SHAKLEE/TAG					SALES TAX	MONTHLY CUSTOMER CORP DISTRIBUTORS	PRODUCT CLUB AMOUNT GOAL RETAIL DISTRIBUTORS	NON RECURRING SALES TAX
							NEW CUSTOMER PRODUCT CLUB COUNT	NEW CUSTOMER APPOINTMENTS	NO SHOW ORDERS	SHAKLEE POINTS	BOOK CLUB PROGRAM PRODUCT PROMOTION POSTS SALES				