L'BRI
PURE n' NATURAL

Client RECORD

Date of First Purchase _____ **Name** _____

How you met _____ **Birthday** (Mo/Day) _____

City _____ **State** _____ **Email** _____

Phone _____ **Occupation** _____ ☐ Full Time ☐ Part Time

Best way to reach: _____ Phone _____ Email _____ Text _____ Facebook

Skin Type/Challenges _____

Makeup Colors: Concealer _____ Foundation _____ Dual _____

Blush _____ Eye/lip _____ Mascara _____

CLIENT CONTACT

Date & Notes	Date & Notes	Date & Notes

CLIENT PURCHASES

Date	Products Purchased	Date	Products Purchased

NAME _____

Date	Products Purchased	Date	Products Purchased