

Simple
Sale
Cash/check

82.23-propay

LARISSA LEADINGHAM

CUSTOMER NAME (PLEASE PRINT - PRESS FIRMLY)

ADDRESS

CITY STATE ZIP

EMAIL ADDRESS

7-14-15

40509

DATE OF SALE HOSTESS NAME

☐ YES! I'd love to be on your preferred customer mailing list.☐ CHECK / CASH ☐ VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

11-18

EXPIRATION DATE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

CSC

X

CUSTOMER SIGNATURE

PHONE NO.

QTY.	DESCRIPTION	PRICE	AMOUNT
1	Timewise cleanser - no - owe	20	
1	cream eye color - iced cocoa	14	
1	cream eye color - violet storm - owe	14	
1	firming eye cream - owe	32	

X *Leanne*

INDEPENDENT BEAUTY CONSULTANT NAME

NUMBER

For purchases totaling \$25 or more, you, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right. The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I promise to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

SUBTOTAL

80

SALES TAX

4.80

TOTAL

84.80

By this order, I invite the Independent Beauty Consultant to contact me via telephone, email and/or U.S. mail for future beauty needs.

BEAUTY CONSULTANT COPY

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10-048950

PRINTED IN U.S.A.

Diana Nash

CUSTOMER NAME (PLEASE PRINT - PRESS FIRMLY)

ADDRESS

CITY STATE ZIP

EMAIL ADDRESS

8.4.15

DATE OF SALE HOSTESS NAME

☐ YES! I'd love to be on your preferred customer mailing list.☐ CHECK / CASH ☐ VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

EXPIRATION DATE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

CSC

X

CUSTOMER SIGNATURE

PHONE NO.

QTY.	DESCRIPTION	PRICE	AMOUNT
	deep wrinkle filler	45	45

SUBTOTAL

SALES TAX

2.92

TOTAL

37.92

X

INDEPENDENT BEAUTY CONSULTANT NAME

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Simple
propaySimple
discount

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☐ CHECK / CASH ☐ VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

EXPIRATION DATE

CSC

X
CUSTOMER SIGNATURE

PHONE NO.

Hostess
Credit

By this order, I invite the Independent Beauty Consultant to contact me via telephone, email and/or U.S. mail for future beauty needs.

Welcome
Joanna Campbell



● Search InTouch ● Search Product Central

[shopping bag](#) [profile](#) [help](#) [en español](#) [logout](#)

VIDEO LOUNGE

[Home](#) > [Business Tools](#) > [myBusiness](#) > [My Order History](#) > [Order Detail](#)

 Exit

Contact Info

Joanna Campbell
BH21 / IF9826
Car: No
4101 Boone Creek Rd
Lexington, KY 40509
jcampbell425@gmail.com
937-603-7702 C

Start Date: 7/1/2004
Last Order Date: 9/30/2015
Last Order Amount: \$83.25
Status: A2 Recruiter: Julia Burnett

Order Information

Ship To: Lisa Dickens
110 Walden Way
Nicholasville, KY 40356-8871

Order Type: Cosmetic
Order Status: Received
Ordered By: Joanna Campbell
Shipping Branch: NC

Sect. 1 Wholesale Subtot

Sect. 1 Suggested Retail

Sect. 4 To

(Sect. 1 Suggested Retail includes estimated retail sales based on wholesale purchases of Section 1 product and the retail Section 1 product bonuses. Preferred Customer Program gifts are NOT included.)

Carton Number	Estimated Weight	Actual Weight	Link to UPS	Carrier
			UPS	UPS GROUND RESIDENTIAL

PartID	Part Name	Sugg. Retail	Quantity	O/S/C	Adj. Retail	Carton Number	Ship
071706	Optional - Bella Belara® Eau de Parfum Sample Vial, pk./1 (no card)	\$0.00	1/1/0		\$0.00		
087266	Cityscape™ Eau de Parfum Spray Vial, pk./1	\$0.00	1/1/0		\$0.00		
087267	Deluxe Mini TimeWise® Microdermabrasion Plus Set (Includes Microdermabrasion Refine and Pore Minimizer) (single)	\$4.00	1/1/0		\$4.00		
054830	True Dimensions® Lipstick: Rosette	\$18.00	1/1/0		\$18.00		
023470	Mary Kay® Concealer: Beige 2	\$12.00	1/1/0		\$12.00		
017658	Mary Kay® Ultimate Mascara™: Black Brown	\$15.00	1/1/0		\$15.00		

Lisa Dickens

CUSTOMER NAME (PLEASE PRINT - PRESS FIRMLY)

ADDRESS

CITY

STATE ZIP

EMAIL ADDRESS

DATE OF SALE _____ HOSTESS NAME _____

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☐ CHECK / CASH ☒ VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

												EXPIRATION DATE			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

CS

X

CUSTOMER SIGNATURE

PHONE NO. _____

Taxable Amount: 5

Shipping ✓

Tax:

Total Cost of this Order:

QTY.	DESCRIPTION	PRICE	AMOUNT
	Mascara blk/brown		15
	Concealer		12
	Rosette Lipstick		18
X	Stampbeee	SUBTOTAL	45.00
		SALES TAX	2.70
		TOTAL	47.70

INDEPENDENT BEAUTY CONSULTANT NAME _____ NUMBER _____

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X

INDEPENDENT BEAUTY CONSULTANT NAME _____

NUMBER

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BEAUTY CONSULTANT COPY

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6f3

10/7/15, 3:18 PM

Page 1 of 1