

Date: \_\_\_/\_\_\_/\_\_\_

# SPA ORDER FORM

Completed by Consultant

Order Paid  Order

CLIENT NAME:

HOSTESS:

ADDRESS:

E-MAIL:

CITY:

STATE:

ZIP:

Birthday:

PHONE (H):

PHONE (C):

TEXT Club? (special code ea. Mo. for shopping) YES / NO

ITEM DESCRIPTION	QTY/Filled	PRICE	TOTAL
Spa Now Case (\$385.00 Value for \$79 + tax + S/H)	<input type="checkbox"/>	<del>\$385</del>	(\$115.29)
Set #1 - BC SPA Facial Basic Set	<input type="checkbox"/>	\$98	
Set #1 - (When schedule spa) BC SPA Facial Basic Set	<input type="checkbox"/>	\$52	
Set #2A - Microderm Resurface & Peel Set	<input type="checkbox"/>	\$112	
Set #2B - Botox Set (Tight Firm & Fill Face & Eye Crème)	<input type="checkbox"/>	\$91	
Set #3 - Extreme Set (Face Serum & Lip Treatment)	<input type="checkbox"/>	\$110	
Set #4 - Bright Set (Radiance Masque/Illuminate Serum)	<input type="checkbox"/>	\$105	
Set #5 - Relax & Restore Set (lips, eye pads, warming)	<input type="checkbox"/>	\$60	
Set #6 - Manicure Set (scrub, hand crème, oil pen)	<input type="checkbox"/>	\$53	
Set #6 - Pedicure Set (Spray, Scrub, Salve)	<input type="checkbox"/>	\$59	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

I would like to donate to the W.H.O. Foundation

\$\_\_\_\_\_.

SCHEDULED SESSION DATE:

SESSION TIME:

TYPE OF SESSION: (circle) Regular Spa Session (both facials)

Regular, IFL, Detox, Mani/Pedi, Beauti, Mommy&Me

Date Need Starter List By for 1<sup>st</sup> Free Gift:

Thank You For Your Order! I Offer Three Easy Ways To Pay:

Cash  Check\* # \_\_\_\_\_ Payable To: Lisa Hermann

Credit Card        

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_ / \_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_  Processed

RETAIL SUBTOTAL

SALES TAX 7.25 %

+

SHIPPING & HANDLING

+ 5.00

Less - Gift Discounts

-

**Order Total**

\$

## WISH LIST! Extras

My favorite products I did not get today but want to at a later time are:

- 1 \_\_\_\_\_ 5 \_\_\_\_\_
- 2 \_\_\_\_\_ 6 \_\_\_\_\_
- 3 \_\_\_\_\_ 7 \_\_\_\_\_
- 4 \_\_\_\_\_ 8 \_\_\_\_\_

## My Personal Spa Facial Regimen

- STEP 1 \_\_\_\_\_ Cleansing Lotion or Cleansing Gel \_\_\_\_\_
- STEP 2 \_\_\_\_\_ Exfoliating Polish
- STEP 3 \_\_\_\_\_ Tonic with PHAs or Tonic with AHAs \_\_\_\_\_
- STEP 4 \_\_\_\_\_ Day Crème or Day Lotion \_\_\_\_\_
- Step 5 \_\_\_\_\_ Eye Crème