

Build Your Business Worksheet

Name _____

Phone _____

Date _____

| Wholesale Amount | Retail Amount | No. of Dept. | Special Bonus | First Order Bundle Bonus | Total Bonus | Biz Builder Bucks | Star Level | Prize Choice | Risk | Est. Payment |
|------------------|---------------|--------------|---------------|--------------------------|-------------|-------------------|------------|--------------|------|--------------|
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These are the departments I would like to have available to open my business (check all that apply)

| | | | |
|---|--|---|---|
|  <input type="checkbox"/> Skin Care / Supplements |  <input type="checkbox"/> Glamour Colors |  <input type="checkbox"/> Limited Edition |  <input type="checkbox"/> Timewise Repair |
|  <input type="checkbox"/> Foundations |  <input type="checkbox"/> Body Care |  <input type="checkbox"/> Botanicals | |
|  <input type="checkbox"/> Velocity |  <input type="checkbox"/> Fragrances |  <input type="checkbox"/> Men's Care | |

I plan to open my business with the _____ package. My Grand Opening date is scheduled for _____