

# Mary Kay Outside Order Form

## Independent Beauty Consultant:



Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Do you currently have a Mary Kay Consultant who services you?* Yes No

*If not, may I offer you a complimentary facial?* Yes No

Product (s) Ordered:

Retail Price:

_____	_____
_____	_____
_____	_____
_____	_____

Tax @ \_\_\_\_\_ % = \_\_\_\_\_

Tax: \_\_\_\_\_

Payment by: Cash Check Visa MasterCard Discover Am Express Total: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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