

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

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"/> Men's Care 
<input type="checkbox"/> Clearproof Acne System 	<input type="checkbox"/> Fragrances 	<input type="checkbox"/> Men's Care 	<input type="checkbox"/> Men's Care 

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