

Your Opinion About Mary Kay® Fragrances

Name: _____ Phone Number: _____

1. Which fragrance did you like best?
2. What did you like about the fragrances you tried?
3. When would you wear this fragrance(s)? Daily 3-4 times/week Special occasions
4. Is this a fragrance you would like to add to your collection? Yes No
5. Who do you know that wears fragrance and would like to give me her opinion of our Mary Kay® fragrances?
6. What other products would you like to sample in the Mary Kay® line?

TimeWise® Skin Care
 Velocity® Skin Care
 Body Care/Satin Hands™

Nail Color
 Color Cosmetics



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