

Customer Tracker



Name: ☐ On Subscription? ☐ Sent Welcome Letter ☐ Added to VL
Phone:

NOTES: (Products ordered, original health goals/concerns, personal facts, etc) _____

FOLLOW UP: ☐ Day Ordered ____/____ ☐ 2 Weeks ____/____ ☐ 30 Days ____/____
☐ 60 Days ____/____ ☐ 90 Days ____/____ ☐ 120 Days ____/____

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