

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 ____/____	Week 1 ____/____	Week 2 ____/____
Week 3 ____/____	30 Days ____/____	60 Days ____/____
90 Days ____/____	120 Days ____/____	

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