



## ORDER TRACKING

Organize these sheets into an alphabetized binder or accordion file.

Note these three pieces of information on a sticky note and destroy it after the first order is placed:

- 1) CC (type and #)
- 2) CC Security Code
- 3) SS/EIN (Members)

Order Date <sup>1</sup>	Item # & Description	BV
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Retain the information below:

● CC Exp. Date \_\_\_\_\_

● Last 4 of CC \_\_\_\_\_ ● LFI ID# \_\_\_\_\_

Price w/ship	IVC order #	AS Date	Est. delivery <sup>2</sup>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## FOLLOW-UP CALLS

Do these at a minimum, additional check-ins are recommended.

### 2) ESTIMATED DELIVERY Date \_\_\_\_\_

- Did you receive your order?
- Have you started taking the product (how much)?
- Do you have your Product Use Instructions?
- Are you taking medications (see Use Instructions)?
- Do you have any questions?
- Complete the Wellness Evaluation (see other side).

### 3) DELIVERY +10 DAYS Date \_\_\_\_\_

- How are you feeling?
- Any change in previously identified areas for improvement?
- Have you tried increasing the quantity?
- Are you having any detox symptoms?

### 4) DELIVERY +20 DAYS Date \_\_\_\_\_

### 5) DELIVERY +50 DAYS Date \_\_\_\_\_

- How are you feeling? Have you tried increasing the quantity?
- Update the Wellness Evaluation (see other side).
- Are there any other health concerns you would like to address? →
- Do you want to make any changes to your autoship order?
- If so, do you prefer to do it yourself or would you like my help?
- Do you know others who have health concerns or could benefit? If so, would you like my support in approaching them?
  - Are you interested in covering the cost of your products by referring others for a free trial?

### 1) WHEN THE ORDER IS PLACED

- When you place an AS order for someone, make certain that they understand how it works. Immediately provide (and verify they have retained) all the information in the box above.
- Let them know it is their responsibility to **call at least five days before the AS date if they wish to make changes.** Provide them with this LFI Customer Service information:  
Mon-Fri from 7:00 AM to 5:00 PM Pacific  
(10:00 AM to 8:00 PM Eastern) at **(800) 531-4877**
- Provide them with *GS-11 Product Use Instructions* for Body Balance and/or OsteoCare
- Log follow-up call dates 2-5 (at left) in your calendar

- OsteoCare—for just about anyone
- FlexeoPlus—extra joint support
- TruBoost—energy, stress relief and emotional stability
- Colon Cleanse—cleansing and detoxification
- AminoCharge, TrueGreens, Herbal Body Wrap, Dream Away—fitness and weight loss
- Colloidal Silver and Taheebo—immune support

### 6) REFERRALS Name Contact Information

_____	_____
_____	_____
_____	_____
_____	_____