



VITAMIN C ACTIVATING SQUARES SURVEY

NAME: _____

PHONE: _____

*AFTER USING THE INDUSTRY-FIRST TIMEWISE VITAMIN C
ACTIVATING SQUARES 3 TIMES A WEEK FOR 2 WEEKS...*

WHAT CHANGES [IF ANY] DID YOU NOTICE IN YOUR SKIN?

DID YOUR SKIN LOOK MORE EVEN-TONED? YES NO

DID YOUR SKIN LOOK MORE RADIANT? YES NO

*DID YOUR FINE LINES AND
WRINKLES LOOK IMPROVED?* YES NO

WERE THE SQUARES EASY TO USE? YES NO

*WOULD YOU RECOMMEND THIS
PRODUCT TO A FRIEND?* YES NO

WHICH FRIENDS WOULD LOVE THIS PRODUCT?



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