



## Herbal-Nutrition-Solutions...

### LOYAL CUSTOMER PROGRAM

The main purpose behind the Loyal Customer Program is to build your credibility and loyalty with your customers. We accomplish this by truly learning our customer's needs and then educating them on how good nutrition can make a dramatic improvement in their lives.

#### How to implement

1. When you set your customer on the program you want to plant the seed for the program in their mind. While setting them up on the program let them know that they are going to get great results on the products and that you will talk to them later about how they could get even better results not just with their weight loss but in other areas of their health as well.
2. While doing your 3 week customer follow up let them know that you offer a free no cost no obligation wellness evaluation that will educate them on how to get the fastest results on the products and what they could do to get the products at even a better value. SEE BELOW
3. Make sure you and your customer have scheduled at least 1 hour to do the WE (more if they are a talker). Suggest that they be in a quiet and comfortable place with paper and something to write with.
4. It is important to do the WE at one time and not in segments.
5. At the beginning and the end of the WE let your customer know that you appreciate their business.
6. At the conclusion of the WE ask if they want the 15% or 25%. If they choose 15% let them know that just before their 6 months are up if they extend for another 6 months it will then be at 25%. They must update the Loyal Customer Form once a year.
7. After you have completed the WE mail it to them with the product suggestions written in red remember to ask them to look at their product catalog and DVD once they get the WE in the mail. Also show on their weight profile their weight continuing to rise if they do nothing and their getting to their ideal body weight with ShapeWorks. In addition to the WE you will mail the Evaluation Feedback form (fill in the top) and the Loyal customer form (fill in the amount that they want to be charged each month). Ask them to return them as quickly as possible so that you can give them the discount.
8. Complete the Customer Evaluation form for your records and make a copy of their weight profile if you can.

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## WELLNESS INVITATION

I thought you might want to know about a free wellness evaluation that we have available for our customers. My mentor \_\_\_\_\_ is a Personal Wellness Coach and he has been personally trained by Dr. David Heber. Dr. Heber is the director of UCLA's Center for Human Nutrition Studies.

\_\_\_\_\_ sits down with people over the phone and conducts a personal wellness evaluation. He will share some great information about health & nutrition and then to make some personal recommendations for you. Most of our clients are very happy with this service because they find out what they need to do to get optimal results on the products in the shortest time and how they can get the products at a substantial savings. Does making an appointment for the evaluation sound like something you would like to do?



Do you have a family history of diabetes? Yes No

#### CHEMICAL EXPOSURE

Have you used any antibiotics in the past two years? Yes No

Have you had major surgery in the last two years? Yes No

Have you been on the birth control pill for the past year? Yes No

Have you taken any steroids for more than 6 weeks? Yes No

Are you exposed to industrial chemicals, fertilizers, sprays, paints, insecticides or solvents? Yes No

Do you smoke? Yes No

#### SICKNESS AND HEALING

Are you prone to infections? Yes No

Do you get a cold more than once a year? Yes No

Do you have any sores that won't heal, like hemorrhoids? Yes No

Are you prone to bruising? Yes No

#### SKIN

Do you have dry, scaly skin? Yes No

Do you have small bumps on the back of your upper arm which makes the skin feel rough? Yes No

Are hives or itching skin a problem for you? Yes No

Do you have any stretch marks on the skin? Yes No

Are varicose veins visible? Yes No

#### TEETH, HAIR AND NAILS

Do you have hair loss? Yes No

Do your nails and hair grow slowly or break easily? Yes No

#### INTERNAL ORGANS

Have you been troubled by uterine fibroid tumors? Yes No

Have you recently experienced any chest pain? Yes No

Do you have muscle spasms or twitches  
No Yes

Have you been experiencing intestinal cramping, diarrhea, or unformed loose stools for more than 5 days? Yes No

Do you have a bowel movement at least once a day? Yes No

#### BONES, JOINTS AND EXTREMITIES

Do you have swollen or puffy joints? Yes No

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In the morning do you notice if your fingers are swollen or if your rings feel too tight?	Yes	No
Are your hands and feet usually cold?	Yes	No
When sleeping, do you get leg cramps in the back of the calf or experience restless legs?	Yes	No
Do you suffer from Gout?	Yes	No

**HEAD**

At night, do lights of oncoming cars bother your eyes?	Yes	No
Does bright sunshine ever cause pain in your eyes?	Yes	No
Do you have trouble with your memory and the ability to concentrate?	Yes	No

**PHYSICAL EXPERIENCES**

Do you experience dizzy spells?	Yes	No
Are you experiencing trouble with hot flashes?	Yes	No

**ATTITUDE AND ENERGY LEVEL**

Are you sometimes moody or depressed?	Yes	No
Does your family say you are grouchy?	Yes	No
Do you have trouble falling asleep?	Yes	No
Do you sleep well at night and wake feeling rested?	Yes	No
Do you feel tired all the time?	Yes	No

Other Problems: \_\_\_\_\_

**PHYSICAL ACTIVITY**

How many times do you exercise in a week? _____		
For how long do you normally exercise? _____ minutes		
Do you participate in any sports?	Yes	No
Which ones? _____		
Have you in the past?	Yes	No
Why did you stop? _____		
Do you believe exercise is necessary for weight loss?	Yes	No

**NUTRITION & EATING HABITS**

How would you rank your nutrition & eating habits?  
 Optimal      Good      Poor      Terrible

**The Typical American Diet**

High Sugar	Low Fiber
High Fat	Low Vitamins
High Salt	Low Minerals



What have you tried in the past to lose weight?

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Why didn't it work?

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Why do you want to lose weight?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you want to lose \_\_\_\_\_ lbs. or lose it and keep it off?

How long do you think it will take you to lose \_\_\_\_\_ lbs? \_\_\_\_\_

(men 5-8 lbs/mo women 3-5 lbs/mo)

Are you really determined to lose the weight for good this time?

## FOOD HABITS

Do you take Supplements? Yes No

What kind of foods do you like? \_\_\_\_\_

Do you eat 3 meals a day? Yes No

What did you eat yesterday for: 6 months or 1 year ago:

Breakfast? \_\_\_\_\_

10 am? \_\_\_\_\_

Lunch? \_\_\_\_\_

4 pm? \_\_\_\_\_

Dinner? \_\_\_\_\_

10 pm? \_\_\_\_\_

In the Night? \_\_\_\_\_

What do you drink? \_\_\_\_\_

Total spent for food? \_\_\_\_\_ \$/day \_\_\_\_\_ \$/mo \_\_\_\_\_

Total spent for snacks? \_\_\_\_\_ \$/day \_\_\_\_\_ \$/mo \_\_\_\_\_

How many times do you eat out? \_\_\_\_\_ /day \_\_\_\_\_ /mo

What kind of food do you eat out? Pizza-fast-food-Mexican \_\_\_\_\_

Are you satisfied 30 to 45 minutes after you eat? Yes No

## BODY COMPOSITION ANALYSIS:

So that we can scientifically analyze your eating habits we have a Body Composition Estimator that is based on 25 years of scientific study at UCLA's Center for Human Nutrition. It will tell us within 8% accuracy what your body needs.

Your BMI is: \_\_\_\_\_

Below 18 mass	Malnutrition 2	Anorexia, Bulimia, Osteoporosis, and breakdown of muscle
18.1 – 20.0	Malnutrition 1	Digestive problems, weakness, Chronic Fatigue, stress, anxiety reproductive hormone dysfunction
20.1 – 25.0 vitality	Optimal Health	Normal menstruation, Can handle stress, Good energy levels, resistance to illness, good physical condition, etc.
25.1 – 27 Veins.	Overweight	Fatigue, digestive problems, circulation problems, Varicose
27.1 – 30.0	Obesity Grade 1	Diabetes, Hypertension, Cardiovascular Diseases, Blood Clots Strokes, Joint problems, Arthritis in knees
30.1 – 35.0 Arteriosclerosis	Obesity Grade 2	Diabetes, Cancer, Angina, Heart Attacks, Phlebitis, & Strokes

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Over 35  
Premature Death

Obesity Grade 3

Maximum risk of Diabetes, Cancer, Heart Disease &

Lean Body Mass: \_\_\_\_\_

(Your body needs 1 gram of protein for each pound of lean muscle mass)

Grams of Protein you need a day: \_\_\_\_\_

Percent Body Fat: \_\_\_\_\_ Ideal for women: 18% – 28%,

men 8% - 18%. (Weight – Lean = Fat . Fat / Weight = % body fat)

Resting Metabolic Rate: \_\_\_\_\_

(500 calories below RMR = 2 lbs. week)

How do you think this compares to the amount of protein & calories you are consuming?  
Example: McDonald's small hamburger, fry & coke = 25 grams of protein and 1245 calories

What do you think will give you lifetime weight management?

1. Stop eating?
2. Take medication?
3. Exercise more?
4. Eating habits that promote health.

If your eating habits continue, will it affect your health?

Yes No

What will happen to your weight & health if you do nothing?

## THE SOLUTION

Is ShapeWorks. It's fast food for smart people, here's why...ShapeWorks is

1. Based on you getting the nutrition you need.
2. It is not based on starvation or you depriving yourself.
3. It supports healthy body functions and thus promotes health and lowers your risk of disease.

Formula 1 is for your macro nutrition. It's the nutrition you need for healthy lean muscle, internal organs, skin and hair. Formula 2 is for your micro nutrition. It's the nutrition you need for your body's cells to have everything they need to duplicate themselves exactly. This is important because all sickness and disease starts at the cellular level. Not having both of these is like building a brick home with bricks and no mortar.

## EVALUATION RESULTS

Body Composition done with: Protein Estimator Shapescan

Weight Evaluation:	Under Weight	Normal	Overweight	Obese
Health Status: Critical	Excellent	Good	Poor	

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## EVALUATION FEEDBACK

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Pone: \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_  
Date of Evaluation: \_\_\_/\_\_\_/\_\_\_ Evaluator: \_\_\_\_\_

Was this evaluation helpful? Yes  
No

Was the evaluator professional? Yes  
No

Did you learn anything that will help you? Yes  
No

Would you recommend an evaluation to a friend? Yes  
No

### EVALUATION PROMOTION

Refer 10 friends and get a free health system cleanser.

NAME	PHONE	RELATION
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Remember when I said that 50% of all disease is related to our eating habits and the nutrition we are getting? Let's look at your evaluation to see what you can do to improve your quality of life.

#### LOYAL DISCOUNT PROGRAM

Remember when I said that our goal as a company is to help make the world healthier? Well the only way we can achieve that is if we have people that make good nutrition a part of their life on a daily basis. Even after you get to your ideal body weight you will need to be on a maintenance program to insure your ability to keep it off. To lose weight you replace 2 meals a day with ShapeWorks Formula 1 and you take Formula 2 - 3 times a day. To maintain your weight you replace 1 meal with Formula 1 and you take Formula 2 three times a day. That's it. (Cruise example)

If you can commit to taking a minimum of 1 Formula 1 shake a day and Formula 2 3 times a day for 6 months or 12 months we have a discount program for you. Would you like to know more about this? Here is how it works. If you take 1 Formula 1 shake a day and Formula 2 three times a day for basic good nutrition & health the normal retail price is \$61.66. If you agree to do that for the next 6 months then you will get a 15% discount. So it now would be \$52.41 (a savings of \$9.25) Which means you pay \$1.75 for a meal! If you agree to do that for 12 months then it is a 25% discount. Now it is \$46.25 (a savings of \$15.42). So now it would be \$1.54 for that meal. And the best part is that the discount will apply to any other products that you purchase. It is an awesome program that's designed to reward our loyal customers!

Together we will select a day once a month for your auto shipment. A week before your auto shipment we will call you to remind you of your standing order. At that time you can add any other products to your order you may want and you will get the same discount or 15% or 25% based on what you decide. There is only one catch. You have to be a person of your word. What I meant by that is if you do not stay on the products for the full 6 or 12 months, whatever you choose, then you agree in advance to pay the full retail price on all the products that you previously purchased.

So if you can agree you want to make good nutrition and good health a habit it is an awesome program that really gives you awesome value. Does it sound like something you may want to take advantage of?

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Loyal Customer Discount Program

## Credit Card Authorization Form

To prevent the unauthorized use of your credit card, we require this authorization form to be completed.

- **Fill out the form legibly – print all information**
- **Authorize the charges to your credit card by signing below**

.....  
Recurring Date: \_\_\_\_\_

**Total recurring charge amount: \_\_\_\_\_ for 6 months or 12 months.**  
**(Circle one)**  
**(6 months = 15% off of total retail price, 12 months = 25% off of total retail price)**

### Credit Card Information

Your Name \_\_\_\_\_

Type of Credit Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Holders Billing Address (as it appears on the credit card statement)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please confirm the amount you are authorizing \$ \_\_\_\_\_**

As the credit card holder, I understand that by signing this form, I am hereby authorizing Kristi Sherman to charge my credit card for the amount I confirmed above, recurring on \_\_\_\_\_ of each month. I understand that charges will occur monthly, I will notify Kristi Sherman by the 20<sup>th</sup> of the month to stop any future recurring charges. If I do not complete the full \_\_\_\_\_ months I will be charged the difference between full retail price and the discounted retail price for all the products I did obtain on the Loyal Customer Discount Program. I hereby affirm that I am legally able to authorize this sale and agree to pay the above total according to the card issuer agreement. I authorize receipt of said monthly charges and understand that all sales are final.

\_\_\_\_\_ Card Holder Signature

Today's Date \_\_\_\_\_

*All information entered on this form will be kept strictly confidential*

# Customer Evaluation Record

Date: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Loyal Customer Discount Program

Interest in business

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Lean Body Mass \_\_\_\_\_ Body Fat \_\_\_\_\_ Protein Needed \_\_\_\_\_ RMR - 500 = \_\_\_\_\_

Health Conditions & Challenges:

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Product Recommendations:

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Notes:

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Optimum Health With  
Herbalife Nutritional Products

This is for informational purposes ONLY and in no way constitutes diagnosing and prescribing. The information below has not been reviewed by the FDA. Herbalife makes no claims to cure anything, but by getting better nutrition it will provide the body what it needs to achieve better health. **We assume that everyone is already on Formula #1, Formula #2 (or Kindermins or Dinomins depending on age). If not, everyone should begin any program by using those 2 products as the nutritional base.**

**ALL HEALTH ISSUES ARE LISTED ALPHABETICALLY, FOLLOWED BY THE ORDER OF PRIORITY OF PRODUCTS IN ADDITION TO F#1 and F#2**

**(A.D.D.) Hyperactivity/Attention Deficit Disorder:**

*\*NRG calms rather than energizes the Hyperactive*

Herbalifeline, NRG Tabs or NRG Tea

**Acne:**

Herbal Aloe Drink, Aminogen, Herbalifeline, Nurifusion Multi-Vitamin Clarifying Mask

**Allergies, Asthma, and Other Respiratory Related Problems:**

Schizandra Plus (3-6 a day), RoseOx (1-2 a day), NRG Tablets

**Alzheimer's, Dementia, Memory:**

Herbalifeline, NRG Tablets, Niteworks, X-tra Cal

**Anemia:**

Cell-U-Loss, Schizandra Plus

**Arthritis, Rheumatoid:**

Herbalifeline, Joint Support

**Back Pain:**

Tang Kuei, Joint Support, Herbalifeline

**Cardiovascular Problems, Heart Disease, High Blood Pressure, Atherosclerosis, High Cholesterol, Heart Bypass, Lipid Abnormalities, High Triglycerides:**

Core Complex (if they can't do that, Herbalifeline and Tri-Shield), NiteWorks, Mega Garlic

**Crohn's Disease:**

Herbal Aloe Drink, Herbalifeline

**Colds/Flu/Bronchitis:**

Schizandra Plus, RoseOx, Herbal Aloe Drink

**Colon Problems/Colon Cancer:**

Active Fiber Powder, FloraFiber, AM/PM, Herbal Aloe Drink

**Constipation:**

Active Fiber Powder, Active Fiber Tablets, FloraFiber, AM/PM, Herbal Aloe Drink

**Depression:**

Herbalifeline (Best 3 tabs, 3 times a day for the first 10 days, then 1 tab 3 times per day) X-Tra Cal, NRG Tablets

**Diabetes:**

Snack Defense (1-2 tabs, 3 Times Per Day), Protein Snacks (Morning and Afternoon between meals), Herbalifeline, Niteworks

**Digestive Problems, Ulcers:**

Herbal Aloe Drink (drinking large amounts is helpful), FloraFiber, Active Fiber Powder, Aminogen

**Fatigue/Low Energy:**

Herbal Concentrate, Herbalifeline, NRG Tabs, LiftOff

**Fibromyalgia / Lupus:**

Tang Kuei, X-Tra Cal, Schizandra Plus, Sleep Now, Niteworks

**Gallstones, Kidney Stones:**

X-Tra Cal

*If Kidney stones are Calcium type, avoid using milk or dairy products especially with Formula 1.*

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**Gout:**

Protein Snacks, Herbalifeline

**Headaches, Migraines:**

Herbalifeline, NRG Tablets, Tang Kuei, Niteworks

**Hypoglycemia:**

Protein is especially important for this problem. Eat every 2-3 hours in the beginning. Have four 4 oz. shakes vs. two 8 oz. shakes. Add protein foods to your diet. System will generally stabilize very quickly.

Protein Snacks

**Hypothyroidism:**

Protein Snacks, Xtra-Cal, Schizandra Plus

**Impotence:**

Prelox Blue, Male Factor, Niteworks, Herbalifeline

**Insomnia:**

Sleep Now, Niteworks, Relax Now

**Intestinal Disorders:**

Herbal Aloe Drink, Herbal Concentrate, Flora Fiber, AM/PM

**Irritable Bowel Syndrome:**

Herbal Aloe Drink, AM, Flora Fiber

**Menopause/Hot Flashes/Estrogen:**

Woman's Choice, Tang Kuei (For both products, 2 tabs 2 times a day for until it moderates, then 1-2 tabs per day as needed), Male Factor, Herbalifeline

**Menstrual Discomfort/PMS:**

Tang Kuei (3 tabs per day), Woman's Choice

**Muscle Pain:**

Tang Kuei, Joint Support

**Narcolepsy, Sleep Apnea, Sleep Disorders:**

Schizandra, Sleep Now, Niteworks

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**Osteoporosis:**

X-Tra Cal AND Male Factor, Cell-U-Loss

**Prostate:**

Ultimate Prostate

**Skin Disorders/Psoriasis:**

Cell Activator, Herbalifeline (9 per day), Aminogen (3 per day), Herbal Aloe Drink

**Stress:**

Relax Now, Protein Snacks

**Ulcers:**

Herbal Aloe Drink (lots of it), Cell Activator

**Urinary Disorders:**

Triple Berry Complex, Flora Fiber, Garden 7

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