

FM CUSTOMER QUESTIONNAIRE

Name.....

Address.....

..... Postcode.....

Telephone No..... Mobile Tel No.....

E Mail Address.....

When buying a fragrance for yourself, or others, what most influences your choice ?
(Please number 1 – 6, with number 1 being your top reason)

<input type="checkbox"/>	Because of its brand name or Designer name ?
<input type="checkbox"/>	Because you've seen it advertised in the media ?
<input type="checkbox"/>	Because the fragrance is very expensive ?
<input type="checkbox"/>	Because the fragrance is affordable ?
<input type="checkbox"/>	Because you like the smell of the fragrance ?
<input type="checkbox"/>	Because your partner likes the smell of the fragrance ?

How often do you use perfume ? (please tick)

<input type="checkbox"/>	Every day	<input type="checkbox"/>	When going out for the evening	<input type="checkbox"/>	For work	<input type="checkbox"/>	Special occasions
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Which of these other fragranced products do you use on a regular basis ?

<input type="checkbox"/>	Roll on deodorant	<input type="checkbox"/>	Body spray	<input type="checkbox"/>	Shower gel	<input type="checkbox"/>	Body Lotion	<input type="checkbox"/>	Hand cream
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What are your favourite types of fragrance ?

1		3	
2		4	

Would you like your products FREE, by Hosting a Fragrance Party	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you helping to raise funds for any Group or Charity	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you like to know how you could earn an extra income with FM	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Your age range (please circle):-

Under 20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100
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All the information given in this questionnaire will be treated as strictly confidential

ALL COMPLETED QUESTIONNAIRES WILL BE ENTERED IN A MONTHLY PRIZE DRAW FOR A FREE GIFT FROM THE FM RANGE.