

# Tiszta Viz Organic Skin Care & Spa

## New Client Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Primary (best) phone # \_\_\_\_\_ 2<sup>nd</sup> phone # \_\_\_\_\_

May we contact you with upcoming promos/events?    Yes    No