



DATE: _____

NAME: _____

PRE-ASSOCIATE INTERVIEW

Empowering you ~ our new partner ~ with the correct start up is vital to your success as well as my success as your sponsor.

Your response to the following questions will enable me / us to recommend the Best possible Plan of Action to assist you in reaching your Goals.

1. What is your income goal for your first 12 months with Isagenix \$ _____
2. What is your income goal for your first 90 days with Isagenix \$ _____
3. How many hours per week are you committing to grow your business _____
4. Do you agree that experiencing both our Wellness products and our Financial opportunity immediately is important to your success ? _____
5. Are you willing to commit to \$150 / month to ensure your quality of health and to qualify to earn \$500 - \$25,000 a month or week ? _____
6. What is your number one reason for making the commitment to begin building your business with Isagenix ? Your WHY ... _____
7. Based on the experience of our very successful Team ~ how important do you feel our recommendations are for your successful start up ? **1-10**
8. Is there anything that you are aware of that would interfere with your moving forward with us immediately ?

YES **NO**

If Yes ~ Explain _____

9. **President's Pack** **Pacesetter Pack** **30-Day System**

- **PLACE THE INITIAL ORDER.**
- **SET UP THE AUTOSHIP.**
- **CHECK UP-COMING EVENTS.**
- **BEGIN THE FIRST 48-HOUR TRAINING . . . BY CREATING THE CONTACT LIST AND . . . PLANNING A PBR (PRIVATE BUSINESS RECEPTION) ~ OR TELEPHONE PRESENTATION.**