



MY
ESSENTIAL OIL
BUSINESS
BINDER



MY BUSINESS GOALS

GOAL #1:

STEPS:

GOAL #2:

STEPS:

GOAL #3:

STEPS:



ESSENTIAL OIL BUSINESS PLANNER

2017 CALENDAR

JANUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

JULY

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER

S	M	T	W	T	F	S
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

MONTH: _____

SATURDAY					
FRIDAY					
THURSDAY					
WEDNESDAY					
TUESDAY					
MONDAY					
SUNDAY					



WEEKLY GOALS

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY



ESSENTIAL OIL BUSINESS CONTACTS

CONTACTS

Name: _____

Phone: _____

Email: _____

Address: _____

Other: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Other: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Other: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Other: _____

Name: _____

Phone: _____

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Phone: _____

Email: _____

Address: _____

Other: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Other: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Other: _____

MY BUSINESS BUILDERS INFO

Name: _____ Rank: _____

Contact Info: _____

Date Joined: _____ Upline Name: _____

Goals: _____

Notes: _____



ESSENTIAL OIL BUSINESS
SAMPLES

SAMPLE TRACKER

Name: _____ Interest Level: _____

Contact Info: _____

Ailment: _____

Sample #1: _____ Date: _____

Sample #2: _____ Date: _____

Sample #3: _____ Date: _____

Info Given: _____

Result: _____

Name: _____ Interest Level: _____

Contact Info: _____

Ailment: _____

Sample #1: _____ Date: _____

Sample #2: _____ Date: _____

Sample #3: _____ Date: _____

Info Given: _____

Result: _____

Name: _____ Interest Level: _____

Contact Info: _____

Ailment: _____

Sample #1: _____ Date: _____

Sample #2: _____ Date: _____

Sample #3: _____ Date: _____

Info Given: _____

Result: _____

ESSENTIAL OIL SAMPLE INVENTORY

Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>
Oil: _____	Size: _____	Given: <input type="checkbox"/>

ESSENTIAL OIL BUSINESS INVENTORY

Single Oils

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Oil Blends

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BUSINESS INVENTORY

Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
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Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____

WISHLIST

<input type="checkbox"/>	_____	Note: _____
<input type="checkbox"/>	_____	Note: _____
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<input type="checkbox"/>	_____	Note: _____
<input type="checkbox"/>	_____	Note: _____
<input type="checkbox"/>	_____	Note: _____
<input type="checkbox"/>	_____	Note: _____
<input type="checkbox"/>	_____	Note: _____



ESSENTIAL OIL BUSINESS
TRACKING
SHEETS



INCOME TRACKER

DATE

DESCRIPTION

AMOUNT

TOTAL: _____

MILEAGE TRACKER

RATE PER MILE: _____
DATE

PURPOSE

ODOMETER:
START

END

MILES

DATE	PURPOSE	START	END	MILES

TOTAL: _____



ESSENTIAL OIL BUSINESS INFORMATION



ESSENTIAL OIL BUSINESS NOTES



NOTES
