



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
			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		

## 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: \_\_\_\_\_

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

# 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: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Name: \_\_\_\_\_

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"/>



# BUSINESS INVENTORY

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

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







# EXPENSE TRACKER



DATE

DESCRIPTION

AMOUNT



\_\_\_\_\_

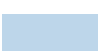
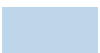
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



TOTAL: \_\_\_\_\_



# MILEAGE TRACKER

RATE PER MILE: \_\_\_\_\_ ODOMETER:  
DATE PURPOSE START END MILES

DATE	PURPOSE	START	END	MILES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL: \_\_\_\_\_



ESSENTIAL OIL BUSINESS  
INFORMATION

ESSENTIAL OIL BUSINESS  
NOTES

NOTES