

January GET ONE & RUN

1 New Brand Partner + 10 Customers | 100 Samples | 30 Minutes/Day

What you get when you choose to partner with us

- A simple, duplicatable sampling system for PUREZYME and Focus + Energy (Fruit Punch).
- Copy/paste outreach and follow-up scripts (Day 1, Day 3, Day 5-7).
- Accountability: daily numbers tracking and support in the team thread.
- Mentorship and 3-way support to enroll 10 customers and your ONE new Brand Partner.
- A 'Get One & Run' launch plan for your new Brand Partner (first 24-72 hours).

Quick Start Checklist (complete before you begin sampling)

- I have product on hand to sample: PUREZYME sticks and Focus + Energy (Fruit Punch) sticks.
- I have sampling supplies ready (cups/shaker, water bottle, napkins, baggies/labels).
- I have my order link ready (QR code saved in my phone + on a Canva sampling card).
- I wrote my 50-100 name list (minimum 50; goal 100).
- I scheduled my first 10 sample drops within the next 48 hours.
- I time-blocked 30 minutes/day for outreach + follow-up.
- I printed the tracker pages (or saved them digitally) to track every sample and follow-up.

30-Minute Daily Method (do this every day)

- 10 minutes: New reach-outs (5-10 people).
- 10 minutes: Follow-ups (Day 1 / Day 3 / Day 5-7).
- 10 minutes: Book sample drops or a quick look (or schedule a 3-way).

When you enroll your new Brand Partner (Get One & Run)

- Within 24 hours: Welcome message + 10-minute launch call.
- Build their 50-name list and choose their first 10 people to sample.
- Do their first 10 outreaches together and book sample drops.
- Schedule their first 3 customer follow-ups (Day 1 / Day 3 / Day 5-7).
- Book their first business look and run a 3-way with me or your upline.

January Challenge

GET ONE AND RUN

1 NEW BRAND PARTNER

10 NEW CUSTOMERS



100 samples
30 minutes per day

Sample + Follow-Up Tracker

Track every sample. Follow up on Day 1, Day 3, and Day 5-7.



#	Name	Phone/IG	Date Sampled	Product PZ / F+E	Day 1 FU	Day 3 FU	Day 5-7 FU	Result CUST / BP	Notes
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Tip: If someone shows business interest, mark Result as BP and schedule a 3-way within 48 hours.

Sample + Follow-Up Tracker

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#	Name	Phone/IG	Date Sampled	Product PZ / F+E	Day 1 FU	Day 3 FU	Day 5-7 FU	Result CUST / BP	Notes
21					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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#	Name	Phone/IG	Date Sampled	Product PZ / F+E	Day 1 FU	Day 3 FU	Day 5-7 FU	Result CUST / BP	Notes
41					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
43					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
47					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
48					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
49					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
50					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
52					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
53					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
54					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
55					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
56					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
57					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
58					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
59					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
60					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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#	Name	Phone/IG	Date Sampled	Product PZ / F+E	Day 1 FU	Day 3 FU	Day 5-7 FU	Result CUST / BP	Notes
61					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
62					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
63					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
64					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
65					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
66					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
67					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
68					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
69					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
70					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
71					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
72					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
73					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
74					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
75					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
76					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
77					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
78					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
79					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
80					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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#	Name	Phone/IG	Date Sampled	Product PZ / F+E	Day 1 FU	Day 3 FU	Day 5-7 FU	Result CUST / BP	Notes
81					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
82					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
83					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
84					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
85					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
86					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
87					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
88					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
89					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
90					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
91					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
92					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
93					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
94					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
95					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
96					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
97					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
98					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
99					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
100					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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