

Client Care Form

Getting to know you helps me to service YOU as best as I possibly can!



Guest to complete this section

CLIENT NAME: _____ HOST NAME: _____
 ADDRESS: _____ POSTCODE _____
 PHONE NUMBER: _____ DATE OF BIRTH: _____
 EMAIL ADDRESS: _____

I am interested in (please circle all that apply):

Skincare	Make Up	Body Care	Weight loss / management
Hair care	Baby care	Sun protection	Nutrition / healthy living

My concerns are (please circle all that apply):

Fine Lines & Wrinkles	Sensitive Skin	Blemishes / Acne	Age Spots /Uneven Pigmentation
Facial capillaries	Rosacea	Large pores	Dry skin
Rough skin	Oily T-Zone	Eczema	Acne / Facial Scars
Not knowing how to apply make up		Not knowing my make up colours	

Consultant to complete this section 1:1

- Are you currently using any skin care / cosmetics? (please circle) YES NO
 Skincare Brand(s): _____ Cosmetic Brand(s): _____
- (if yes) On a scale of 1 (not happy) to 5 (completely happy), how happy are you with the results?
 1 2 3 4 5
- If there was one thing you could change about your skin, what would it be?

Guest to complete this section after your product experience

Are you interested in the following (tick all that apply)

- Receiving monthly e-mails about specials & product giveaways.
- Hosting a FUN Workshop to receive a FREE PRODUCT and exclusive host deals at 35% - 50% off
- Becoming a Preferred Client & purchasing my products at a 20% - 40% discount
- Becoming an Independent Consultant purely to obtain the highest possible discount and freebies
- Getting connected on Facebook
- Receiving information about how I can earn additional income through the business opportunity

MY WISH LIST	MY ARBONNE COLOURS	MY FOUR ANSWERS...
	Liquid Foundation	F
	Mineral Powder	
	Blush	O
	Lipstick/Gloss	
	Lip Liner	H
	Concealer	
	Eye Shadows	O
	Eye Liner	