

Client Care Form

Getting to Know You Helps Me to Service YOU as Best as I Possibly Can!



CLIENT NAME: _____ HOST NAME: _____

ADDRESS: _____

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

Consultant to complete this section below

My concerns are:

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 makeup		Not knowing my correct make up colours	

1. Are you currently using any skin care? (please circle) YES NO Brand: _____

2. (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

4. If there was one thing you could change about your skin, what would it be?

Guest to complete this section below

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

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

MY WISH LIST	MY ARBONNE COLOURS	MY FOUR ANSWERS...
	Liquid Foundation	Fave product?
	Mineral Powder	
	Blush	Curious about the business?
	Lipstick/Gloss	
	Lip Liner	Interested in hosting?
	Concealer	
	Eye Shadows	What would I like to order?
	Eye Liner	