

First Qualifying New Client Response Questionnaire

Please answer all questions completely. Return to your consultant-trainee in a sealed envelope.

Date: _____
Name: _____
Address: _____

Phone: _____
E-Mail: _____

**My Sisterlocks® Consultant-
in-training is:**

How did you hear about Sisterlocks®? _____

What information did you receive before your consultation? _____

How long was your consultation? _____

What types of questions were you asked? (Give examples)

What did the Consultant share with you about Sisterlocks? _____

Did the Consultant give you Sample Locks? _____ If yes, how many? _____

How many times did you shampoo between the consultation and the locking session? _____

Describe if/how your sample locks changed during that time. _____

About how long was your locking session? _____

Were the results what you expected? _____ Please explain: _____

Did your consultant cover the following areas: Maintenance/Upkeep ___yes ___no
Settling-in Process ___yes ___no
Styling Options ___yes ___no
Sisterlocks Products ___yes ___no

Did you receive a Customer Starter Kit? ___yes ___no

Was your Follow-up Visit included in the package? ___yes ___no

(If yes) How many weeks elapsed between your locking session and the Follow-up? _____

Would you recommend Sisterlocks to others? ___yes ___no

Comments:

Please use the reverse side to write down any questions you would like the Home Office to answer. THANK YOU!

Write your questions or comments for the
Sisterlocks[™] Home Office here:

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