



Virtual Experience Intake Form

Sales Associate Name _____

Date/Time of Virtual Experience _____

Customer Information

Customer Name:
Customer Address:
Customer Phone Number:
Customer Email Address:
Preferred Method of Communication:
Credit Card or Payment Information:

Notes:

Virtual Experience Intake Form

For Sales Associate Only

Virtual Experience Information:

Number of people who will participate in the virtual experience:	
List names if more than one:	
What is the purpose of the virtual experience:	(ex. New products, Updates, gifts, traveling, Luxury Level Gift Card, VE experience party, other)
Products that need to be available to me during the virtual experience:	
Upselling opportunities:	

Notes: