

ALTA VIRTUAL CONSULTATION PREP SHEET

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail Address: _____

Thank you for your interest in new window coverings. Please take a moment to fill out the information below so we can better understand your needs in advance of our consultation.

1 In which rooms are the windows that you plan to cover?
(living, bedroom, etc.)

How many windows total? _____

What direction do the windows face? _____

2 Please tell us the main reason why you are looking for new window coverings?
(replace existing, update look, energy efficiency, etc.)

3 Please rate what's important to you in a window covering
(1 – not important, 5 – extremely important)

Privacy 1 2 3 4 5

Light control 1 2 3 4 5

Energy efficiency 1 2 3 4 5

Style 1 2 3 4 5

Maintaining view 1 2 3 4 5

UV protection 1 2 3 4 5

Glare reduction 1 2 3 4 5

Sound absorption 1 2 3 4 5

4 Other considerations? *Yes or No*

Large and/or wide windows Yes No

Special shapes Yes No

Hard-to-reach windows Yes No

Easy maintenance Yes No

5 Are children or pets in the home? Yes No

6 Are you interested in remote control motorization or home automation systems? Yes No

7 Please rate your comfort level on the following:
(1 – not comfortable, 5 – very comfortable)

Measuring windows 1 2 3 4 5

Viewing online tools such as sample books/swatches 1 2 3 4 5

Installers entering home for final measurements 1 2 3 4 5

8 Which virtual platform do you prefer:

FaceTime

Google Hangouts

Skype

Zoom

Other: _____

9 What is your preferred time/day of week for a virtual consultation?

10 Do you have any photos of your rooms/windows that you would like to share prior to the consultation? Yes No

11 Anything else you'd like us to know about before we get started?

Thank you. We look forward to the opportunity to consult with you on your home decorating project.