



BUSINESS CONSULTING CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of
This form is used to collect information about new clients and for internal purposes only. The information you provide is confidential and will be treated accordingly.

CLIENT INFO

Client Name: _____ Website: _____

Telephone Number: _____ Fax Number: _____

Business Name: _____ Email: _____

Mailing Address: _____

Industry Classification:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Healthcare services | <input type="checkbox"/> Technology/telecom services |
| <input type="checkbox"/> Food service | <input type="checkbox"/> Professional services
<i>(legal, accounting, consulting)</i> | <input type="checkbox"/> Construction/maintenance |
| <input type="checkbox"/> Agriculture/farming | <input type="checkbox"/> Financial services | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> e-Commerce | <input type="checkbox"/> Business services
<i>(advertising, printing, etc.)</i> | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Not-for-profit | | |
| <input type="checkbox"/> Association | | |

Please briefly describe your business or organization in 2 to 3 sentences:

Your role within the organization:

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Owner/partner | <input type="checkbox"/> Senior manager | <input type="checkbox"/> Advisor |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Other: _____ | |

CONSULTING INFO

What kind of business consulting assistance do you need?

- | | |
|---|---|
| <input type="checkbox"/> Start-up planning, feasibility, etc. | <input type="checkbox"/> Operations manager |
| <input type="checkbox"/> Business planning | <input type="checkbox"/> Solving a problem or challenge |
| <input type="checkbox"/> Accounting, financial analysis | <input type="checkbox"/> Promotion/advertising planning |
| <input type="checkbox"/> Growing the business | <input type="checkbox"/> Human resources management |
| <input type="checkbox"/> Market strategy and research | <input type="checkbox"/> Other: _____ |

How long have you been in operation? 0-1 year 1-3 years More than 3 years

What are your short-term financial goals? (e.g., break-even, become profitable, achieve sales targets, etc.):

Briefly describe your 'typical' customer – or the customer you would like to attract:

Why do you think you need a consultant, and what results are you looking for?:

Are there any specific deadlines or timeline we should be aware of?:

How did you learn about us?

- Word of mouth Google/other search engine Social media Other: _____

Is there anything else you think we should know?:

ACKNOWLEDGMENT

Client signature: Date: _____

Print name: _____