

**BUSINESS CONSULTING CLIENT INTAKE FORM**

Disclaimer: Thank you for your interest in being a client of [CONSULTANT'S NAME]. 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.

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| **CLIENT INFO** |

**Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Website**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Industry** **Classification**:

Retail

Food service  
 Agriculture/farming

e-Commerce

Not-for-profit

Association

Healthcare services

Professional services   
 *(legal, accounting, consulting)*

Financial services

Business services   
 *(advertising, printing, etc.)*

Technology/telecom services

Construction/maintenance

Manufacturing

Other:   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Your role within the organization**:

Owner/partner

Employee

Senior manager

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor

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| **CONSULTING INFO** |

**What kind of business consulting assistance do you need?**

Start-up planning, feasibility, etc.

Business planning

Accounting, financial analysis

Growing the business

Market strategy and research

Operations manager

Solving a problem or challenge

Promotion/advertising planning

Human resources management

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?**:

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| --- |
| **ACKNOWLEDGMENT** |

Client signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_