



# 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<br><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<br><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: \_\_\_\_\_