



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
(legal, accounting, consulting) | <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
(advertising, printing, etc.) | <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: _____