

# New Client Business Profile Questionnaire

Please complete this questionnaire to help us understand your business needs. This document is designed for print; please fill out all applicable fields.

## 1. General Information

|                         |                      |
|-------------------------|----------------------|
| Contact Name:           | <input type="text"/> |
| Job Title / Position:   | <input type="text"/> |
| Official Business Name: | <input type="text"/> |
| Phone Number:           | <input type="text"/> |
| Email Address:          | <input type="text"/> |
| Website URL:            | <input type="text"/> |
| Date:                   | <input type="text"/> |

## 2. Business Overview

|   |                      |
|---|----------------------|
| Industry / Sector:                                  | <input type="text"/> |
| Legal Structure (e.g., LLC, Corp, Sole Proprietor): | <input type="text"/> |
| Years in Business:                                  | <input type="text"/> |
| Number of Employees:                                | <input type="text"/> |
| Estimated Annual Revenue:                           | <input type="text"/> |
| Primary Target Market / Audience:                   | <input type="text"/> |

## 3. Goals and Challenges

What is your primary business goal for the next 12 months?

What is the biggest challenge currently facing your business?

Who are your top three direct competitors?

## 4. Expectations & Support

What specific services or solutions are you looking for from us?

What is your estimated budget or investment range for this project?

What is your ideal timeline or start date?

Are there any other details or notes you would like to share?