

# Customer Expectations and Goals Intake Form

Please complete this form to help us understand your objectives, timelines, and how we can best support your success. This document is formatted for printing and physical completion if desired.

## 1. Customer Information

Full Name:	<input type="text"/>	Date:	<input type="text"/>
Company / Organization:	<input type="text"/>	Job Title:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>

## 2. Primary Goals & Objectives

What are the main goals you want to achieve through this partnership?

**Immediate Goal (Next 30-90 Days):**

**Long-Term Goal (6-12 Months):**

## 3. Key Expectations & Success Criteria

What are your primary expectations from our team, products, or services?

**Expectation 1:**

**Expectation 2:**

**How will you measure the success of this project/engagement? (Metrics, KPIs, or Outcomes)**

## 4. Current Challenges & Obstacles

What roadblocks, pain points, or challenges are you currently facing that we need to address?

**Challenge 1:**

**Challenge 2:**

## 5. Timeline, Resources, & Additional Information

Target Launch / Completion Date:	<input type="text"/>
Key Stakeholders Involved:	<input type="text"/>
Preferred Communication Method (e.g., Email, Weekly Calls):	<input type="text"/>

**Additional Comments, Notes, or Special Instructions:**