

# Client Business Profile Questionnaire

Please complete this questionnaire to help us better understand your business, goals, and requirements. This document is formatted for printing and manual completion or direct typing.

## 1. General Information

Contact Person Name:

Job Title:

Official Business Name:

Phone Number:

Email Address:

Website URL (if applicable):

## 2. Business Overview

Industry / Sector:

Year Established:

Business Structure (e.g., LLC, Corp, Sole Proprietor):

Number of Employees:

Primary Products or Services Offered:

What is your Unique Selling Proposition (USP)?:

## 3. Target Audience & Market

Who is your ideal customer? (Age, gender, location, income):

Is your business primarily B2B, B2C, or both?:

Who are your top three direct competitors?:

Geographic Area Served (Local, National, International):

## 4. Operations, Brand & Goals

What are the biggest challenges currently facing your business?:

What are your primary business goals for the next 12 months?:

Where do you see your business in 3 to 5 years?:

Which marketing channels do you currently use (e.g., Social Media, SEO, Print)?:

## 5. Additional Comments / Notes

Please provide any additional information that you feel is relevant to your business profile: