



CLIENT INTAKE FORM

Thank you for your interest in being a client of T.A.G. Business Consulting. 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.

Please complete the form in its entirety and provide accurate information to the best of your knowledge.

CLIENT INFO

Full Name: _____ **Website:** _____

Business Name: _____ *If Applicable*
D/B/A: _____

Business Number: _____ **Mobile Number:** _____

Business Email: _____ **Personal Email:** _____

Mailing Address: _____

Industry Classification:

- | | | |
|--|--|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Construction/ Maintenance |
| <input type="checkbox"/> Food & Beverage | <i>(legal, accounting, consulting)</i> | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Business Services | |
| <input type="checkbox"/> Not-for-Profit | <i>(advertising, printing, etc.)</i> | |
| <input type="checkbox"/> Association | <input type="checkbox"/> Technology | |
| <input type="checkbox"/> Healthcare Services | | |

Please briefly describe your business or organization in 2 to 3 sentences:

Your role within the organization:

- | | | |
|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Senior Manager | <input type="checkbox"/> Advisor |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Employee | <input type="checkbox"/> Other: _____ |



CONSULTING INFO

What kind of assistance do you need?

- | | |
|---|--|
| <input type="checkbox"/> Start-up Planning, Feasibility, etc. | <input type="checkbox"/> Operations Management |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Solving a Problem or Challenge |
| <input type="checkbox"/> Accounting/Financial Analysis | <input type="checkbox"/> Promotion/Marketing/Advertising |
| <input type="checkbox"/> Business Expansion | <input type="checkbox"/> Staff Management |
| <input type="checkbox"/> Market Strategy and Research | <input type="checkbox"/> Other: _____ |

What is the biggest challenge you are facing right now?

- | | |
|--|--|
| <input type="checkbox"/> Growing My Business | <input type="checkbox"/> Access To Mentorship |
| <input type="checkbox"/> Finding A Network To Support Me | <input type="checkbox"/> Day-to-Day Operations |
| <input type="checkbox"/> Hiring A Team | <input type="checkbox"/> Increase Customer Loyalty |
| <input type="checkbox"/> Raising Capital/Finding A Loan | <input type="checkbox"/> Increase Efficiency |
| <input type="checkbox"/> Finding Vendors | <input type="checkbox"/> Acquire New Customers |
| <input type="checkbox"/> Other _____ | |

How long have you been in operation? 0-1 year 1-3 years More than 3 years

Do you have any employees? 1 1-5 3-5 Other: _____

of Full-time: _____

of Part-time: _____

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?:



ADDITIONAL INFO

- 1. Method for revenue received: Cash Zelle Cash App Other: _____
- 2. Target monthly goal: \$ _____
- 3. How often do you track your expenses? Daily Weekly Monthly Bi-monthly Other
 - Provide a list of itemized expenses on a separate sheet
- 4. Do you have a business bank account? Yes No Pending
- 5. Are you registered and active on sunbiz.org? Yes No Pending
- 6. Have you applied for an FEIN (Federal Employee Identification Number) with the IRS? Yes No
- 7. Methods for marketing/advertising: Facebook Instagram Twitter Other: _____
 - a. Business Hashtags: *(If Applicable)*
 - b. How often do you post content? Daily Weekly Bi-weekly Monthly N/A
- 8. Does the business have a logo? Yes No Pending
- 9. Does the business have a tagline? Yes No *If, yes please list:* _____
- 10. Do you have any brand merchandising? Yes No *If, yes please list:* _____
- 11. Any promotional giveaways for customers? Yes No *If, yes please list:* _____

How did you learn about us?

Word of mouth Google Social media Other _____

Is there anything else you think we should know?:

ACKNOWLEDGMENT

My signature below indicates that I have read and fully understand this document and its contents.

Print Name: _____

Client Signature: _____ Date: _____