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## New Client Get Acquainted Questionnaire (for business owners only)

Name \_\_\_\_\_ Title \_\_\_\_\_

Office Address \_\_\_\_\_

Email \_\_\_\_\_

Office Phone \_\_\_\_\_ Website \_\_\_\_\_

MC/DOT# \_\_\_\_\_ Cell \_\_\_\_\_

1. Are you the sole owner of the business?  Yes  No

a. If no, who else is involved?

\_\_\_\_\_

2. Do you currently have a sales team?  Yes  No

3. Do you have a customer service department?  Yes  No

4. How long have you been in business?  less than a year  1-5 years  more than 5 years

5. What does your company do?

\_\_\_\_\_

6. How many employees do you have? \_\_\_\_\_ full time \_\_\_\_\_ part time

7. How many moves do you handle on a monthly basis?

\_\_\_\_\_

8. Do you currently work with a Broker?  Yes  No

9. How many trucks do have? \_\_\_\_\_

10. Do you have a warehouse?  Yes  No

11. What is your budget? \_\_\_\_\_

12. What are your goals for your business in the next six (6) months?

\_\_\_\_\_

\_\_\_\_\_

13. What is your budget for consulting / marketing services? \_\_\_\_\_

**Send completed questionnaire to [info@tmfmovingsolutions.com](mailto:info@tmfmovingsolutions.com)**