

Client Intake Form - Cash Flow Services

Section 1: Business Overview

1. Briefly describe your business and how it generates revenue:

2. What are your largest operating expenses? (e.g., payroll, rent, supplies):

3. Is your business seasonal or cyclical?

☐ Yes

☐ No

If yes, please explain:

4. What tools or software do you currently use to manage finances or cash flow?

☐ QuickBooks

☐ Excel

☐ Wave

☐ Xero

☐ Other: _____

☐ None

Section 2: Cash Flow Snapshot

5. Do you currently maintain a cash flow statement?

☐ Yes

☐ No

6. How many months of expenses could you cover with cash on hand today?

☐ Less than 1 month

☐ 1-2 months

☐ 3-6 months

☐ More than 6 months

7. Do you experience regular cash shortfalls?

☐ Yes

☐ No

If yes, what typically causes them?

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8. Average time it takes customers to pay you (Accounts Receivable Days):

☐ 0-15 days

☐ 16-30 days

☐ 31-60 days

☐ Over 60 days

9. Do you have late-paying clients or vendors you frequently pay late?

☐ Yes

☐ No

Section 3: Financial Operations

10. Do you invoice on time and follow up on unpaid invoices?

☐ Always

☐ Sometimes

☐ Rarely

11. What are your typical payment terms for clients?

☐ Due on receipt

☐ Net 15

☐ Net 30

☐ Net 60

12. Do you offer any of the following?

☐ Early payment discounts

☐ Late payment fees

☐ Automated billing/invoicing

13. How is your inventory or purchasing managed (if applicable)?

14. What percent of your monthly revenue goes to payroll and overhead (estimate)?

☐ <25%

☐ 25-50%

☐ 50-75%

☐ >75%

Section 4: Goals & Planning

15. What are your cash flow goals over the next 6-12 months?

☐ Build a cash reserve

☐ Reduce shortfalls

☐ Improve invoicing/collections

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☐ Plan for expansion

☐ Other: _____

16. Are you anticipating any large or unusual expenses soon?

☐ Yes

☐ No

If yes, please describe:

17. Are you planning to hire, expand locations, or make large investments?

☐ Yes

☐ No

If yes, what and when?

Section 5: Engagement Preferences

18. Have you worked with a financial consultant before?

☐ Yes

☐ No

If yes, what was helpful or unhelpful about the experience?

19. What would make this engagement successful for you?

20. How often would you prefer reporting/check-ins?

☐ Weekly

☐ Bi-weekly

☐ Monthly

☐ As needed

21. Are you open to adopting new systems, software, or processes to improve cash flow?

☐ Yes

☐ No

☐ Maybe (depends on cost/time)

Final Notes / Questions for Us

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