

Client Intake Form

Date:

A) General	
1. What is your full name?	
2. Please provide your primary contact number(s).	
3. What is your email address?	
4. What is your preferred contact method?	
5. What is your mailing address?	
6. What is your company name?	
7. Please provide URL for your company website	
8. Tell us a little about your company.	
9. What is your position within the company.	
10. What industry type does your company fall under?	
B) Specifics: Project Plans	
1. What prompted you to explore our solutions?	

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2. What core problems does your business have?	
3. Who is your ideal client?	
4. Tell us about your current plans/process?	
5. What are you looking to improve? Tell us about your goals.	
6. What is currently holding your business back?	
7. What are 3 things you'd like to accomplish first?	
8. Why hasn't been addressed before?	

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<p>9. Please describe the project you'd like to undertake with us/the service you're requesting from us.</p>	
<p>C) Specifics: Decision Making/ Timeline</p>	
<p>1. Who is involved in the decision-making process?</p>	
<p>2. Who will be in charge of implementation?</p>	
<p>3. What is your timeline for implementation?</p>	
<p>4. What is the approximate budget for solving your problems?</p>	
<p>D) Discovery</p>	
<p>How did you hear about us?</p>	<p> <input type="checkbox"/> search engine <input type="checkbox"/> recommended by colleague <input type="checkbox"/> social media <input type="checkbox"/> Blog of publication <input type="checkbox"/> other: </p>

Please email the completed form to support@ibranchlabconsultants.com