

M CHENAULT MANAGEMENT CONSULTING

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NEW CLIENT QUESTIONNAIRE

Contact Name: _____

Name of Business/Organization: _____

Business Type (LLC/Inc./S Corp/Non Profit): _____

Physical Address: _____

City, State, Zip: _____

Main Telephone Number: _____

Cell Number: _____

Email address: _____

Website address: _____

Blog address: _____

1. Please check the areas where you feel our assistance is needed to help **start** or **grow** your business and reach your goals.

Business Development

Business Formation

Business Plan

Research Development

Entity Type: _____

Strategic Planning

2. How long have you been in business? _____ Months _____ Years

3. Describe your **existing** or **proposed** business, product or service: _____

4. Who is your target market? _____

5. Describe your **target** or **current** customer? Describe demographics/Geography/, etc. _____

6. What are your funding resources to secure our services? What is your allocated budget for the services you are requesting?_

7. Do you wish to receive a “menu of services” fee structure or “bundled services” flat fee?_

8. When would you like to get started? List approximate or exact date: _

9. Ownership: Will any of your immediate family members (spouses) share ownership in the related entity? Will any member of the above share in management in the related entity?

Note: Please return this form via email. We will contact you within 2 business days after receipt of your questionnaire, to set up a consultation to determine next steps.

M Chenault Management Consulting reserves the right to limit services to individuals, businesses and organizations that are most suitable to the mission and vision of our firm. The firm will work on behalf of its clients to build relationships with contacts provided to best serve the overall goal of its clients. The goal of M Chenault Management Consulting is to provide quality and professional services to all of its clients in the formation, planning, strategy, and problem-solving phases of business.

I acknowledge that I have read and agree to provide information on this questionnaire for the purpose of evaluation and consultation services provided by M Chenault Management Consulting.

Company Name: _____

Authorized
Representative: _____

Date: _____

Thank you for considering us as your potential partner! We look forward to the opportunity to work with you.

DISCLAIMER

Note: As a potential service provider for your business, please understand M Chenault Management Consulting is interested in gathering information about your business to accurately identify your business needs and provide quality service to you. As your consultancy firm; all information provided is confidential and proprietary. We will not disclose or use your information for any reason other than to properly consult with you. Please take time to complete this questionnaire and give detailed answers so we may assist you better. Your answers will insure that we are able to immerse ourselves in your business to best serve you and meet your needs. Should you have any questions or concerns, please contact us immediately.

Thank you for your time and attention.