



Client Intake for Small Business

We're so excited to begin our partnership with you! To ensure we have the information we need to best serve you, please take a few moments to fill out the form below. If you have any questions, please feel free to contact us at any time. Thank you!

Service Requested:

Coupon Code (If applicable):

Contact Information

CONTACT PERSON

TITLE & DEPARTMENT

EMAIL

PHONE NUMBER

CONTACT FOR QUESTIONS REGARDING *(If other than above person)*

General inquiries

Account management

Billing

Status reports

Administrative

EMAIL

PHONE NUMBER

Company Information

COMPANY NAME

STREET ADDRESS

CITY

STATE

ZIP

WEBSITE

Billing Information

ACCOUNTING CONTACT PERSON

EMAIL (*Where invoice should be sent*)

PHONE NUMBER

Social Media Platform Information

Facebook

Google+

Instagram

LinkedIn

Pinterest

Twitter

Other

About Your Business

Tagline

What is your niche; your area of specialty?

What is your unique story? What results do you produce and who do you help?

Who is your ideal customer?

What is your ideal customer's biggest ache?

If you only had a minute to tell me what it is your company, product, or service does, what would you tell me?

What is your mission statement?

What are your top three keywords/phrases that best describe your business? This would be words and phrases that someone would Google to find your website.

Who are your top three competitors/influencers?

Tell me about your current customers. Who are they? Who are your best customers and why? Who are your hardest customers and why?

Are there any other details/information that you would like to provide?

Please e-mail completed form to: [Melissa Michel](#)

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