Sample Local Business Directory Information Sheet

# Client Questionnaire

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| CLIENT'S NAME DATE OF CONVERSATION |
|   |
| FAVORITE BUSINESS |
|   |
| HOW LONG HAVE YOU PATRONIZED THIS BUSINESS? |
|   |
| HOW OFTEN DO YOU PATRONIZE THIS BUSINESS? |
|   |
| HOW DID YOU LEARN ABOUT THIS BUSINESS? |
| Referral –Saw their sign – Saw their advertisement (where)– Received a coupon (from where, i.e., from the business directly or as part of a multi-business coupon packet) – Located near another business I frequent (what is the other business) – Other –  |
| WHICH STAFF PERSON/EMPLOYEE DO YOU PREFER TO DEAL WITH? |
| Owner – Manager – Employee –  |
| WHAT DO YOU LIKE BEST ABOUT THIS BUSINESS? |
|   |
| BUSINESS CONTACT INFORMATION: |
|   |
| ADDRESS |
| TELEPHONE NUMBER |
| WEBSITE |
| PERSON TO ASK FOR |
|   |
| IS IT OKAY TO USE YOUR NAME WHEN I CONTACT THIS BUSINESS? |
|   |
|  |
|   |

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| WHAT SERVICE PROFESSIONALS DO YOU HAVE A RELATIONSHIP WITH? |
|   |
| ATTORNEY |
| CONTACT INFORMATION |
|  |
| CPA |
| CONTACT INFORMATION |
|  |
| INSURANCE AGENT |
| CONTACT INFORMATION |
|  |
| TRAVEL AGENT |
| CONTACT INFORMATION |
|  |
| PERSONAL TRAINER |
| CONTACT INFORMATION |
|  |
| OTHER |
| CONTACT INFORMATION |
|  |
|   |
| WOULD YOU RECOMMEND THEM TO OTHERS? |
|  |
| If yes, what do you value the most from your relationship with each? |
|  |

# Business Owner Questionnaire

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| BUSINESS OWNER'S NAME  |
| DATE OF CONVERSATION |
| DO YOU PERSONALLY KNOW THE CLIENT(S) WHO RECOMMENDED YOU? |
|   |
| HOW LONG HAVE YOU BEEN IN BUSINESS? |
|   |
| HOW DID YOU GET STARTED IN THIS BUSINESS? |
|   |
| IN THIS SAME LOCATION? DO YOU HAVE OTHER LOCATIONS? WHERE? |
| HOW HAS YOUR BUSINESS CHANGED OVER TIME? |
| WHAT IS YOUR MOST EFFECTIVE ADVERTISING PROGRAM? |
| Referral – Signage – Advertising (where) – Coupons (where) – Location of business (heavy traffic area) – Other –  |
| WHAT SERVICES DO YOU PROVIDE?TO WHOM? |
| WHAT IS YOUR SPECIALTY? (IF APPLICABLE) |
| HOW DO YOU GENERATE REVENUE ( i.e., hourly billing) |
| HOW MANY EMPLOYEES DO YOU HAVE? |
| DO YOU PLAN TO INCREASE OR DECREASE STAFF IN THE NEAR FUTURE? |
| ARE YOU CONSIDERING EXPANSION? |
| HOW ARE YOU POSITIONING YOUR BUSINESS FOR THE FUTURE? |
| WHAT MAKES A GOOD REFERRAL FOR YOU? (IDEAL CLIENT PROFILE) |
| WHAT DO YOU LIKE BEST ABOUT WHAT YOU DO? |
| HOW CAN I BEST BE OF SERVICE TO YOU? |
| WHAT UNIQUE CHALLENGES IS YOUR BUSINESS CURRENTLY EXPERIENCING?  |
| WHAT BUSINESS ISSUE IS BOTHERING YOU THE MOST RIGHT NOW? |
| WHAT DEMANDS ARE YOUR CUSTOMERS PLACING ON YOU THAT THEY HAVEN’T IN THE PAST?  |
| DO YOU HAVE ANY SPECIAL TRAINING, CREDENTIALS, ETC. |
| BUSINESS CONTACT INFORMATION |
| ADDRESS |
| TELEPHONE NUMBER, FAX NUMBER |
| WEBSITE, E-MAIL |

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|  WHAT ARE YOUR FAVORITE LOCAL BUSINESSES? |
| ARE YOU INTERESTED IN BEING FEATURED IN THE BUSINESS REFERRAL BOOKLET? |
|   |
| SIGNATURE OF BUSINESS OWNER |
|   |
| DATE |
|   |
| HERE ARE SOME OPTIONS FOR BEING FEATURED IN THE BOOKLET: |
| BUSINESS NAME |
| ADDRESS, TELEPHONE NUMBER, FAX NUMBER |
| WEBSITE, E-MAIL ADDRESS |
| LOGO |
| TYPE OF SERVICE PROVIDED, BRIEF DESCRIPTION |
| MISSION STATEMENT |
| TAGLINE |
| COUPON |
| TESTIMONIALS |