

Client Profile

Company Name/URL/Year Est.	
Owner's Name(s)	
Industry Class	
Territory	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Global
Lifecycle Placement	<ul style="list-style-type: none"> <input type="checkbox"/> Startup <input type="checkbox"/> Growth <input type="checkbox"/> Mature <input type="checkbox"/> Transition
Executive Structure (Y/N)	<input type="checkbox"/> HR <input type="checkbox"/> Sales <input type="checkbox"/> Marketing <input type="checkbox"/> CFO <input type="checkbox"/> Operations <input type="checkbox"/> Board of Directors
Description of Services/Products	
Top Line Revenue	
YoY Growth/Decline (% - 3 years)	
What do you feel you do best?	
What is most troublesome?	
What are your top 3 to 5 goals for the next 12 months?	