

# POSSIBLE

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## Client Intake Form: Getting To Know You

Basic Information			
Name:		Business Name (if applicable):	
Contact Telephone:		Business Address:	
Email:		Website:	
Birthday: (Month/Date/Year)		Business Founded: (Month/Date/Year)	
Social Media (handle and password):	<ul style="list-style-type: none"><li>• Facebook _____</li><li>• Instagram _____</li><li>• LinkedIn _____</li><li>• Twitter _____</li><li>• Newsletter (e.g., Constant Contact, MailChimp, etc.) _____</li><li>• Other _____</li></ul>		
About You			
Describe your current home life:			
Describe your current work life:			
Why did you become a business owner?			
What does success mean to you?			
What made you seek out Bossible?			
What business areas are you known for/want to be known for? (List 2-3):			

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Who are your current clients/customers? What would you like your client base to look like?	
Who are your biggest competitors? (List 2-3):	
Who do you admire in your industry? (List 2-3):	
<b>How Bossible Can Help You</b>	
Describe the area you need the most help with:	
What Marketing & Business Development activities are you interested in?	<input type="checkbox"/> Award Nomination <input type="checkbox"/> Conferences & Events <input type="checkbox"/> Diverse Business Certification (i.e., Women-owned, Minority-owned, Veteran-owned, or LGBTQ-owned) <input type="checkbox"/> Diversity & Inclusion Training <input type="checkbox"/> Marketing & Business Development Plan <input type="checkbox"/> Newsletter Management <input type="checkbox"/> Non-Profits & Professional Organizations <input type="checkbox"/> Public Relations/Press Coverage <input type="checkbox"/> Social Media Management <input type="checkbox"/> Speaking Engagements <input type="checkbox"/> Website Improvements <input type="checkbox"/> Writing Opportunities <input type="checkbox"/> Other:
Rank the top 3 activities that are most important to you (with 1 being the most important):	<input type="checkbox"/> Award Nomination <input type="checkbox"/> Conferences & Events <input type="checkbox"/> Diverse Business Certification (i.e., Women-owned, Minority-owned, Veteran-owned, or LGBTQ-owned) <input type="checkbox"/> Diversity & Inclusion Training <input type="checkbox"/> Marketing & Business Development Plan <input type="checkbox"/> Newsletter Management <input type="checkbox"/> Non-Profits & Professional Organizations <input type="checkbox"/> Public Relations/Press Coverage <input type="checkbox"/> Social Media Management <input type="checkbox"/> Speaking Engagements



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	<p><input type="checkbox"/> Website Improvements</p> <p><input type="checkbox"/> Writing Opportunities</p> <p><input type="checkbox"/> Other:</p>
<b>Personal &amp; Business Goals</b>	
Personal Goal: In two years I hope to:	
Business Goal: In two years I hope to:	
Personal Goal: In five years I hope to:	
Business Goal: In five years I hope to:	