

TFN Checklist

Business Name: _____

Date: _____

Website URL: _____ Owner(s): _____

Accept Credit Cards: [] YES [] NO – Potential _____ Current Marketing Activity: High[-----]None

Date Founded: _____ Long Term Strategy: _____

Industry: _____ Target Customer Group: _____

Phone Number(s): _____ Email: _____

Business Strategic 18 Month Vision:

Biggest Business Challenge:

Key Marketing Solution:

Needs Analysis

- I. What are 3 critical areas that need to be developed?
 - 1.)
 - 2.)
 - 3.)

- II. Which outside groups contribute to your success?

- III. What kind of solution would best fit your current needs?

- IV. Have you contracted similar services in the past?

- V. What do you expect the result you receive to look like?