



# Client Consultation

A.E. \_\_\_\_\_

Business Name: \_\_\_\_\_

Date: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Marketing Contact: (if diff): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

Ph: \_\_\_\_\_

Slogan: \_\_\_\_\_

Position Statement:

\_\_\_\_\_

#1 Comp

Adv: \_\_\_\_\_

#1 Appeal: \_\_\_\_\_

Notes: demographic? Best margin/top seller? Busy season/day of week? Need?

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**Best Time to Contact: Day(s)/Time:** \_\_\_\_\_

**Follow Up Appt:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_