



Industry Segment (check one):

Manufacturing Service Wholesale/Distribution Retail

Business Type: _____

Revenue: \$ _____

Web Address: www. _____

of Employees: Full Time _____ Part Time _____ Total _____

Concerns (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Growth | <input type="checkbox"/> Expense/Cost Control | <input type="checkbox"/> Cash Flow |
| <input type="checkbox"/> Inventory Control | <input type="checkbox"/> Record Keeping | <input type="checkbox"/> Employee Morale |
| <input type="checkbox"/> Project Costing | <input type="checkbox"/> Breakeven Point | <input type="checkbox"/> Gross Margin |
| <input type="checkbox"/> Transition Planning | <input type="checkbox"/> Market Definition | <input type="checkbox"/> Quality Control |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Competition |
| <input type="checkbox"/> Sales/Product Mix | <input type="checkbox"/> IT Utilization | <input type="checkbox"/> Profitability |
| <input type="checkbox"/> Material Costs | <input type="checkbox"/> Company Valuation | <input type="checkbox"/> Sales & Marketing |
| <input type="checkbox"/> Owner Income | <input type="checkbox"/> Working Capital | <input type="checkbox"/> Credit & Collections |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Labor Costs | <input type="checkbox"/> Employee Performance |
| <input type="checkbox"/> Activity Tracking | <input type="checkbox"/> Other Concerns (specify): _____ | |