**The King’s Image Agency Consulting Group**

Business Consultation Intake Form

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| --- | --- | --- | --- | --- | --- | --- |
| Date: | | | **In order to make to make a determination of assistance, please complete the information requested on this form.** | | | |
| ***Contact Information*** | | | | | | |
| Last Name: | | | First Name: | | | |
| Complete Home Address: | | | | | | |
| Home Phone | | Cell Phone | | Business Phone | | |
| Personal Email | | | Business Email | | | |
| ***Business Profile*** | | | | | | |
| Are you currently in business | | | If so, how long? | | | |
| Description of business activity | | | | | | |
| Is your business a legal entity? | | If yes, what is your legal structure? | | | Recognized in what State? | |
| Is it a home-based business? | | | Do you have employees, if yes, how many? | | | |
| Current Licenses and Certifications | | | | | | |
| Type: | Number: | | State: | | | Expiration Date: |
| Type: | Number: | | State: | | | Expiration Date: |
| Type: | Number: | | State: | | | Expiration Date: |
| Do you have a business idea? If yes, please describe? | | | | | | |
| What kind of assistance are you seeking? (Check at least one or all that apply) | | | | | | |
| Initial Consultation/Vetting □  Business Formation & Startup □  Start-up Budgeting □  Financial Planning □  Strategic Planning □ | | Business Plan Development □  Proposal Writing □  Creating a Market Plan □  Multi-Media Presentation □  Management Training □ | | Technology Needs Assessment □  Training □  Certifications □  Other (Specify) □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| ***Client Agreement*** |
| I request business development consultation/assistance from The King’s Image Agency Consulting Group (KI). I understand that any information received by KI will be held in strict confidence by the representative to the full extent allowable by law.  I further understand that any KI representative has agreed not to recommend goods or services from sources in which he/she has an interest. I understand my obligation to agree to KI’s fees for consultation, which will be determined after receipt of this consultation intake form, and I also understand that I have the right to withdraw my application and state that I no longer wish to proceed with consultation BEFORE and consultation, advice or other services are rendered, should I decide I disagree with fee quoted for services. I agree to waive all claims against KI, affiliate organizations or other representatives arising from consultation, providing KI can furnish proof of due diligence in arriving at answers, courses of action or other designated outcomes via appropriate sources.  I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ accept this agreement as stated.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature**  **Date** |