

## Tell Us About Your Business

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To better understand our Echamber Member needs, please complete the confidential business information form:

Your Name: \_\_\_\_\_

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

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

Business City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

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### Industry

- Auto Repair
- Salon
- Dentist
- Accounting/CPA
- Realtors, Brokers, Investors
- Home Care Providers

### Goals and Objectives

What is your best selling service? \_\_\_\_\_

What is your average ticket price? \_\_\_\_\_

How many MORE customers per month to meet business goals? \_\_\_\_\_

How many years in business? \_\_\_\_\_

How many employees on staff? \_\_\_\_\_

Thank you.

Please fax back to us at (888) 824-6919. We will call you to discuss the information you provided.

