

## **Basic Client Information-**

Client Name:						
Client ID:						
Type of Business:						
NAICS Code(s):						
Location/Geographic Area:						
Type of Customer: B2C:	B2B:					
Market Research N	leeded-					
Business Summary:	Yes:		No:			
Market/Industry Trends:	Yes:		No:			
Sample Financial Ratios:	Yes:		No:			
Demographics:	Yes:		No:			
Congressional District:	County:	Metro Area:		State:		Zip Code:
Competitor Listing:	Yes:		No:			
Radius from primary	address (in mil	es):				
Customer Discovery Listing (	*does not inclu	ude contact info	o): Yes:		No:	
Radius from primary	address (in mil	es):				
Desired NAICS code(s	5):					
Traffics Counts:	Yes:		No:			
Desired location add	ress:					
Notes:						
Date research is requested b	oy:					
Counselor Email:						