

Designed for small business owners who want greater control over cash flow and long-term financial stability.
All information is strictly confidential and used solely to provide personalized financial consulting services.

SECTION A · Business Overview

1. Business Owner Name

2. Business Name

3. Business Email

4. Business Phone

5. Business Type / Legal Structure

Sole Proprietorship

Partnership

LLC

S-Corp

C-Corp

Other

6. Industry / Type of Business

7. Years in Business

8. Number of Employees (including owner)

9. Do you have a business bank account separate from personal accounts?

Yes

No

SECTION B · Revenue & Income

10. Approximate Average Monthly Gross Revenue

\$

11. How does your revenue typically flow?

Consistent Monthly

Seasonal / Cyclical

Project-Based / Irregular

Combination

12. Primary revenue streams (list top 3):

1.

2.

3.

13. Revenue from Repeat vs. New Clients:

Repeat: % New: %

14. Standard payment terms for invoicing:

Due on Receipt Net 15 Net 30 Net 60 Other

15. Average Accounts Receivable Balance (outstanding unpaid invoices)

\$

16. Do you have clients who consistently pay late?

Yes No

If yes, approximate monthly impact: \$

SECTION C - Expenses & Obligations

17. Approximate Average Monthly Total Operating Expenses

\$

18. Estimate monthly costs by category:

Payroll (including owner's draw)	<input type="text"/>
Rent / Office Space	<input type="text"/>
Inventory / Cost of Goods Sold	<input type="text"/>
Software & Technology	<input type="text"/>
Marketing & Advertising	<input type="text"/>
Insurance	<input type="text"/>
Professional Services (accountant, attorney)	<input type="text"/>
Loan / Debt Payments	<input type="text"/>
Other Recurring Expenses	<input type="text"/>

19. Do you have large irregular expenses (equipment, taxes, renewals)?

Yes No

If yes, please describe:

20. Do you currently have any business debt or outstanding loans?

Yes

No

20. If yes —

Total Balance: \$

Monthly Payment: \$

SECTION D · Cash Flow Management

21. Do you use accounting or bookkeeping software?

Yes

No

If yes, which one?

22. Do you review monthly financial statements (P&L, balance sheet, cash flow)?

Yes

No

Occasionally

23. Do you maintain a cash reserve for your business?

Yes

No

If yes, approximate amount: \$

24. How many months of operating expenses can your reserves cover?

Less than 1 month

1–2 months

3–6 months

6+ months

25. Have you experienced a cash-flow crisis in the past 2 years?

Yes

No

If yes, please describe:

26. Do you have access to a business line of credit?

Yes

No

If yes, credit limit: \$

SECTION E · Goals & Challenges

27. Primary cash-flow challenge right now (select all that apply):

Inconsistent or unpredictable revenue

Slow-paying clients

High overhead costs

Lack of financial visibility / reporting

Managing payroll and taxes

Funding business growth

Other

28. Top three financial goals for your business in the next 12 months:

1.
2.
3.

29. Are you planning significant business investments or expansions?

Yes

No

If yes, please describe:

30. Have you worked with a financial consultant or business coach before?

Yes

No

If yes, what worked or didn't work?

31. Anything else you'd like us to know about your business or financial situation?

CLIENT AUTHORIZATION

Client Name (Print)

Signature

Date