Client Onboarding Questionnaire

1. Company Information

- **Company Name**: _____
- **Company Address**: _____

  - City: _____
  - State: _____
  - ZIP Code: _____

- **Website**: _____
- **Industry**: _____
- **Number of Employees**: _____

2. Contact Information

- **Primary Contact Person**: _____

  - Title: _____
  - Phone Number: _____
  - Email Address: _____

- **Secondary Contact Person**: _____

  - Title: _____
  - Phone Number: _____
  - Email Address: _____

3. Project Details

- **Project Name**: _____
- **Project Description**: _____

- **Desired Start Date**: _____
- **Estimated Project Duration**: _____
- **Budget Range**: _____
- **Goals and Objectives**: _____

4. Services Required (Please check all that apply)

- ☐ Consulting
- ☐ Software Development
- ☐ Web Development
- ☐ Mobile App Development
- ☐ Digital Marketing
- ☐ SEO Services
- ☐ Graphic Design
- ☐ Other: _____

5. Technical Requirements

- **Do you have existing systems or technologies that need to be integrated?** ☐ Yes ☐ No
  - If yes, please specify: _____

- **Preferred Technology Stack**: _____

6. Target Audience

- **Who is your target audience?** _____

- **What are their key demographics (age, gender, location, etc.)?**

7. Competitors

- **Who are your main competitors?** _____

- **What sets your company apart from the competition?**

8. Success Criteria

- **How will you measure the success of this project?**

- **Are there any specific KPIs (Key Performance Indicators) you are focusing on?**

9. Additional Information

- **Is there any other information we should know about your project or company?**

10. Agreement I certify that the information provided in this questionnaire is true and accurate to the best of my knowledge. I understand that any false information or omissions may affect the project outcomes.

Signature: _____

Date: _____