

## Private Consulting Services Request Form

Please complete each of the following questions below and fax back to 888-931-4609

**\*\*\*Please Note: All Information is kept completely CONFIDENTIAL\*\*\***

- 1) Today's Date: \_\_\_\_\_
- 2) Name: \_\_\_\_\_
- 3) Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4) Telephone number (s): \_\_\_\_\_
- 5) E-mail Address: \_\_\_\_\_
- 6) What is your title? \_\_\_\_\_
- 7) Are you the sole decision maker? \_\_\_\_\_
- 8) How long have you been in business? \_\_\_\_\_
- 9) How did you get into the business? \_\_\_\_\_
- 10) What do you want to get out of your business? Why did you start your business? (make more money, have more flexibility in schedule, spend more time with family, more travel, friends, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11) What are the biggest problems or challenges you face in your business today? What do you think are the causes? (i.e., economy, staff, competitors, pricing, products, marketing, no good systems in place, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12) In general, are you pleased with where your business is today (number of customers, clients, patients, gross revenues, profitability, growth, efficiency, sales)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 13) If you had a magic wand, what would you like to see happen or achieve in your business in the next year or two? In your opinion what areas would you like to see improve the most?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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14) How serious are you about solving these problems? (On a scale of 1 to 10, one being not at all, and ten being absolutely right now, do or die, must fix this... where would you be? If not 10, why not?)

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15) What is/are your primary product(s)/service(s)?

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16) Do you have a systematic approach to capture and follow up with leads and prospects that are interested in your products or services? If yes, what and how do you do this? How many times on average do you follow up with a prospect or lead?

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17) How many clients/customers/patients have you served since establishing your business?

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18) After a new customer/client/patient/member buys the first time, do you have a follow-up procedure or process of any kind to build a relationship with them? If yes, how often do you reach out to them a year and how do you do that?

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19) Do you have any kind of system in place for keeping in touch with your current customers/clients/patients to let them know about new products, improvements, new services, changes or additions to your business that would benefit them? \_\_\_\_\_ If yes, how often do you contact them? \_\_\_\_\_ When was the last time? \_\_\_\_\_ What was the last occasion?

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- 20) What's the "lifetime value" of each person that does business with you and your company? [i.e., how much money does the average customer/client/patient/member spend with you from their first to their last purchase?] How do you calculate this?

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- 21) Do you have an updated database of **current** customers/clients/patients?  
If Yes, how many? \_\_\_\_\_

How about **past** customers/clients/patients? If yes, how many? \_\_\_\_\_

How about **prospects or warm leads**? If yes, how many? \_\_\_\_\_

- 22) Do you have them segmented as to who they are, how to contact them (email, telephone, mail, etc.), what they purchased, when they purchased from you last, and how much they spent?

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- 23) If given the choice, would you like to have more customers/clients/patients **OR** would you rather make more money, increase your sales, and create more profits from your existing clientele? Why did you choose your answer?

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- 24) On average, how many new customers/clients do you get each week?

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- 25) Where (or how) do you get your present customers/clients/patients?

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- 26) Right now, how much more business could you comfortably accommodate without having to add any more staff?

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**27)** What about referrals...Do you have a proactive referral generating system in place that creates predictable, repeatable, and measurable results time after time? Can you describe it to me?

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**28)** Do you have a marketing budget? How much is it per month? How did you come up with that number?

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**29)** How many testimonials from satisfied customers/clients/patients do you have on hand?

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**30)** What kind of guarantee can/do you offer?

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**31)** How often do you ask your customers/clients/patients for feedback about how you can improve the quality of your products or services or what else you could offer to make doing business with your company a better experience for them?

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**32)** How many times a year do you let your customers/clients/patients know that you appreciate them and their business? Do you offer any special offers/ appreciation days / closed-door events for them?

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**33)** What are you doing to keep your current customers/clients/patients happy and returning to buy from you again and again instead of your competitors?

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34) Who are two or three of your main competitors?

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35) Why do your customers/clients/patients/members buy from you? Have you ever asked them why they choose your company, products, or services to do business with?

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36) Why should someone buy from you instead of your competition? What do you have to offer that's unique/special/ better/different?

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## What are your objectives for the next year?

Number of new customers/clients/patients/members

Gross Sales

Net Profit

Other

\*\*Please allow 2-5 business days to review your information before we get back to you.\*\*

Please fax this completed form to 888-931-4609 or email it to [info@automaticprofitsolutions.com](mailto:info@automaticprofitsolutions.com)

Thank You For Your Interest,

*Dominic Sembello*

Dominic Sembello  
Creator of the **VAP Factor™** System