



Client Intake Form

Amy Workflow Use Only Internal routing strip

Lead ID: _____ Client ID: _____ Document Status: Draft / Sent / Received / Approved / Archived
 Workflow Stage: Intake Assigned Reviewer: _____ Review Date: _____

Instructions: Please complete all applicable sections. Attach or provide copies of available financial or business documents requested for analysis. Internal review sections are reserved for Garcia & Associates Analysis LLC.

CLIENT INFORMATION

Client Full Legal Name	Authorized Representative
Primary Contact Name	Title / Role
Mailing Address	City / State / ZIP
Client Type	
<input type="checkbox"/> Direct Client	<input type="checkbox"/> Referral Partner
<input type="checkbox"/> Strategic Partner	<input type="checkbox"/> Other

CONTACT INFORMATION

Phone Number	Email Address
Alternate Phone	Preferred Contact Time
Preferred Contact Method	
<input type="checkbox"/> Phone	<input type="checkbox"/> Email
<input type="checkbox"/> Video Call	<input type="checkbox"/> In-Person Meeting
	<input type="checkbox"/> Text Message
	<input type="checkbox"/> Other

BUSINESS INFORMATION

Business Legal Name	DBA / Trade Name
Business Address	City / State / ZIP
Website	EIN / Tax ID (optional)
Business Structure	Industry
Years in Business	Annual Revenue Range

BUSINESS STRUCTURE

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Single-Member LLC	<input type="checkbox"/> Multi-Member LLC	<input type="checkbox"/> Corporation
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Other

ANNUAL REVENUE RANGE

<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> \$50,000-\$100,000	<input type="checkbox"/> \$100,001-\$250,000
<input type="checkbox"/> \$250,001-\$500,000	<input type="checkbox"/> \$500,001-\$1,000,000	<input type="checkbox"/> \$1,000,000+

SERVICES REQUESTED

Primary Service	Add-On Services
<input type="checkbox"/> Basic Monitoring	<input type="checkbox"/> Deep Analytics Package
<input type="checkbox"/> Standard Monitoring	<input type="checkbox"/> Audit Readiness & Documentation Package
<input type="checkbox"/> Full-Service Monitoring	<input type="checkbox"/> Other



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CURRENT BUSINESS CHALLENGES

GOALS & OBJECTIVES

FINANCIAL DOCUMENTS AVAILABLE

- | | | |
|---|--|---|
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Balance Sheets | <input type="checkbox"/> Profit & Loss Statements |
| <input type="checkbox"/> Tax Returns | <input type="checkbox"/> Payroll Reports | <input type="checkbox"/> Expense Reports |
| <input type="checkbox"/> Revenue Reports | <input type="checkbox"/> Business Records | <input type="checkbox"/> Invoices / Receipts |
| <input type="checkbox"/> Budget or Forecast Files | <input type="checkbox"/> Debt / Loan Documents | <input type="checkbox"/> Other |

Additional Notes From Client

INTERNAL USE ONLY

Lead Source	Client Category Notes
Initial Review Date	Assigned Consultant
Service Fit	Risk Level
Documents Requested	Follow-Up Date
Internal Review Notes	

PRE-WORK CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Client Intake Completed | <input type="checkbox"/> Authorization Form Completed |
| <input type="checkbox"/> Service Agreement Signed | <input type="checkbox"/> Statement of Work Approved |
| <input type="checkbox"/> Invoice Sent | <input type="checkbox"/> Payment Received & Verified |
| <input type="checkbox"/> Work Authorized to Begin | |

CLIENT SIGNATURE AND DATE

By signing below, the client confirms that the information provided is accurate to the best of the client's knowledge and authorizes Garcia & Associates Analysis LLC to use this intake information for onboarding, review, and service planning purposes.

Client Signature:	Garcia & Associates Signature: Electronically signed
Client Printed Name:	Garcia & Associates Printed Name: Electronically signed
Date:	Date: