



**ENTREPRENEURSHIP
ADVANTAGE, INC.**
TRAINING, CONSULTING, EMPOWERMENT & BEYOND

EACQ –Entrepreneurship Advantage Consulting Questionnaire

Today's Date: _____ List 3 Preferred Consultation Dates: _____

Part I: Contact Information

First Name _____ Last Name _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone Number: _____ Cell Number: _____
E-mail Address: _____

Part II: Business Information

1. What type of business are you in, please describe?

2. Who are you major customers?

3. How long have you been in business?

4. How many employees do you have?

5. What are your annualized revenues?

6. Did you earn a profit or incur a loss last year?

7. What are the major obstacles or challenges you are currently facing?

8. What internal issues are impacting your business, i.e, human resource, systems, etc.

9. What external/competitive trends are impacting your business?

10. Critical Success Factors: What do you consider is most critical to the success of your business

11. What are your objectives for EA consulting? What would you like to achieve?
