## New Customer Information Sheet

# Longsworth Services, Inc.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business Information | | | | | | | | | | | | | |
| Company: |  | | | | | | | |  | | | |  |
| Legal Business Name | | | | | | | | |  | | | |  |
| Contact: | |  | | | | | | | | | | |  |
| Address: | |  | | | | | | | | | | |  |
| Street Address | | | | | | | | | | | | | Suite/Unit # |
|  | |  | | | | | | | | | |  |  |
| City | | | | | | | | | | | | State | ZIP Code |
| Telephone: | | | ( ) | | | | Alternate Phone: | | | ( ) | | | |
| E-mail Address: | | | |  | | | | | | | | | |
| Web Site: | | | | |  | | | | | | | | |
| Type of Business: | | | | | |  | | Business Structure: | | |  | | |
|  | | | | | | | | | | | | | |
| Customer Needs | | | | | | | | | | | | | |
| Billing Services  Tax Services  Book-keeping Services  Web Development  **Accounting and Financial Services Information Technology**  Budgeting and Cost Controls  Information Systems Security and Controls  Computerized Accounting Systems Setups  IT Strategy and Planning  Profit Improvement Programs  Network Design and Implementation  Profitability Financial Analysis  Technology Business Solutions  Financial Feasibility Studies  Financial Projections and Modeling  **E-Commerce Marketing**  Development and implementation of an  Advertising and Sales Promotion  E-commerce strategyMarketing Plans  Market Research  **Management**  Change Management  New Business Start-ups  Competitive Analysis  Project Evaluation and Management  Corporate Policies and Culture  Risk Management  Development or Reviews of Business Plans  Strategic and Long-term Planning  Feasibility Studies  Proposal Development and Review  Management Audits and Controls  Market Assessments  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |

Notes:

Date of initial contact: \_\_\_\_\_\_\_\_\_\_ Time of initial contact: \_\_\_\_\_\_\_\_\_\_\_\_\_

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Follow-up Required:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_