

Office Operations

Name of Business: _____ Type of Business: _____

Any Subsidiaries: _____

Phone No: _____ Fax No: _____

Email Address: _____ Cell No: _____

Address: _____ City, State, Zip: _____

No. of Years in Business: _____ Hours of Operation: _____

No. of Owners: _____ No. of Employees: _____

Employees position/title: _____ No. of Years with Co: _____

Problem or Areas Help is needed in: **Setting up Office** **Maintenance** **Both**

- Organization: _____
- Collections: _____
- Accounts Receivable: _____
- Accounts Payable: _____
- Payroll _____
- Maintaining Staff: _____
- Sales/Production: _____
- Customer Service: _____
- Client Retention: _____
- Marketing: _____
- Expanding: _____