



IFY Sales and Process Questionnaire
Client Overview and Summary

All information disclosed below is considered confidential. Information is used solely by Integrity For You, Inc. to determine best solutions and cost of services. Questions or Help in Completing Call 888-272-0986 x212

I. Company Information

Business Name: _____

Business Contact: _____

Business Mailing Address: _____

(Please include suite #, city, state & zip)

Physical Mailing Address: _____

(Please include suite #, city, state & zip)

Business Web Page URL Address: _____

Business Telephone Number: _____

Business Fax: _____

Contact Email Address: _____

Business Entity (i.e. Corporation, Partnership etc.): _____

Years of Business Operation and #of Employees: _____

Profit or Non Profit Business? _____

Describe your Type of Business and Focus? _____

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Describe current and/or previous experience in CRM programs for your business?

Describe your sense of urgency in implementing an IFY program?
(Circle all that apply)

1. Inquiring, but no plan within next 90 days.
2. Just Considering
3. Looking for Consultation (90 Day Window)
4. Out for Bid, Budgeted
5. Urgent, Need Help Yesterday

II. Client Information

1. Describe what you want to accomplish with an IFY Program?
(Circle all that apply)

- a. Improve Customer Retention
- b. Generate Referrals
- c. Take Surveys, perform research, gather data
- d. Promote a Web Site
- e. Inform on current, new, or planned products or services
- f. Receive reports on CRM data points
- g. Other_____

2. Who do you want your target audience to be?
(Circle all that apply)

- a. End-User Customer
- b. Business Customer
- c. Industry Focus
- d. Membership of Program/Organization

3. Define your overall goals?
(Circle all that apply)

- a. Retention of Customer
- b. Data Collection of Events
- c. Gather and Inquire/Surveys
- d. Increase Sales
- e. Marketing of Products/Services
- f. Improve Frequency of Purchase
- g. Provide INFO
- h. Gather INFO

4. Number of Active Accounts and/or Customers:_____

5. How many new customers are added each month? _____

6. How many hours are currently spent each month managing your
current customer base in terms of follow up?
To End-Customer? _____ To Sales Associate/Agent? _____

7. What product(s) or service(s) are you currently providing for your
customers?

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8. What additional products or services do you need to consider implementing a program to your customers?
(Circle all that apply)
- a. Script Writing
 - b. CRM Personal Contact
 - c. Mailing Letters-Welcome, Thank You, New Product or Service
 - d. Shipping Samples/Products/Membership Materials/Gifts
 - e. INFO-Providing
 - f. INFO-Gathering
 - g. Data-Mining
 - h. Reporting-Daily -Weekly-Monthly
 - i. Loyalty Program
 - j. Other Services _____
- _____
- _____
- _____
9. Do you ***have/want*** a cancellation/lost-order/revival follow up process in place?
- _____
- _____
- _____
- _____
10. Who do you want our CRM specialists to speak to during this campaign? End-User Customer_____Business Customer_____Other _____
11. When do you want calls to be made to your customers?
(Circle all that apply)
- a. Monday through Friday - 8am to 5pm
 - b. Monday through Friday- 5pm + Evenings
 - c. Weekend Daytime
 - d. Weekend Evenings
12. What is your expected start date? (MM/DD/YEAR)_____

13. What is your expected budget to start this program?
(Check level of startup)

_____ \$500 first Month
_____ \$2000 first Month
_____ \$5000 first Month
_____ \$5000+ first Month

III. Work Flow

1. How often do you want your customers contacted? _____
2. Are your customers mainly local, state, or national?

3. How are you currently storing customer data? _____

4. In correspondence with your customers, would you prefer using your letterhead/envelopes, or plain paper with addresses/double window Envelopes? _____
5. Gross Annual or Monthly Sales: _____
6. Number of Active Accounts *and/or* Customers: _____
7. Average \$\$\$ sold per Accounts *and/or* Customer: _____
8. Average Number of Accounts handled per week: _____
9. How many hours per day are currently spent managing customer accounts *vs.* prospecting for new accounts? _____
10. Over the last 6 months how many customers did you **not contact** on a regular basis due to time management obstacles?

6 Months Ago _____ 5 Months Ago _____ 4 Months Ago _____
3 Months Ago _____ 2 Months Ago _____ 1 Month Ago _____

11. How many customers do you expect to have in 90 days_____?
180 days_____ 1 year_____ 2 years_____
12. Do you have custom letter writing ability, personal account contact on a regular basis to determine customer intent, and the administrative staff to support your customers consistently? YES/NO
If Yes: Define Costs:_____
Explain:_____
13. How often do you call and/or write to your customers (daily, weekly, monthly, or *more/ever?*): _____
14. Current term or average of the customer relationship: _____
15. Do you think customers really tell you what's on their mind?

IV. Other

Please note any other services that you may be interested in outsourcing to Integrity For You, Inc. (i.e. greeting cards, customer mailings, account receivable management etc., loyalty programs):

Please list any questions that you may have about IFY solutions.

How did you hear of IFY?

(Check all that apply)

_____ **Search Engine: Name** _____
_____ **Personal Referral**
_____ **Web Site**
_____ **Advertisement**
_____ **News Article**
_____ **Television**
_____ **Other** _____

V. ACH

1. Do you currently offer your customers payment options? Yes/No
2. Are you open to a checking debit program? Yes/No
3. Would you want to charge a fee or service charge for such a payment Plan and if so how much? Yes/No _____

Please Note: All letters and correspondence we use will be designed to reflect the individual profile of your business. Those changes will be reflected in our Proposal of Services and will be reviewed and discussed at our next meeting with your business. If you are requesting major changes to any of your correspondence or have additional correspondence that you would like to be considered, please attach with this Sales/Process Questionnaire.

Please complete and return to:

**Integrity For You, Inc.
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11520 N. Central Expressway, Suite 133
Dallas, Texas 75243
214-341-0644 Office
888-272-0986 Toll Free
214-341-0743 Fax**