



WELCOME TO

NATIONAL ASSOCIATION OF SMALL BUSINESS SERVICES

## THE BEST SOLUTIONS FOR SMALL BUSINESS

LET US WORK TOGETHER

To Build Your Business For Exponential Growth

ENROLL FOR PAID COACHING

SUCCESS TOOLS

SCHEDULE A CONSULTATION

## BUSINESS DEVELOPMENT SERVICE

Business Evaluation \$250 per hour *(fully refundable if service is purchased)*

**Objective** To set up, or systemized your business so it will be effieient, profitable, with exponential growth.

### Evaluating your personal life

*"Would you go to your doctor and ask him/her to give you his best medical advice on the health of your total body system, and accepts his prescription if he does not do a complete medical analysis of your body (blood work, diagnosis machines, X-rays, etc.?) Then do not be intimidated by the process of gathering information by your Financial Strategist, who needs to be thorough to give you his/her best professional advice regarding your family's finances."*

Think about all of the stages in your life-marriage or divorce, the birth of a child, the purchase of a new home, children graduating from college, etc. Careful planning goes into each of these life events. Unfortunately, while most of us are convinced we've 'thought of everything when it comes to these life-changing events, re-evaluating our financial needs is something we typically forget.

This evaluation is intended to allow me to provide you with my best professional advice and help you to create a financial strategy to reduce expenses, reduce the cost you are currently paying for goods and services, and help you to find money (**THAT YOU ARE CURRENTLY SPENDING**) to create emergency savings, and build wealth for future life events.

## Overview Outlook Questions

What area(s) of concern do you need Professional Counselling in?

Personal Life? Yes \_\_\_ No \_\_\_

Personal Finances Yes \_\_\_ No \_\_\_

Personal Credit Yes \_\_\_ No \_\_\_

Investing Yes \_\_\_ No \_\_\_

Business Finances Yes \_\_\_ No \_\_\_

Business Development Yes \_\_\_ No \_\_\_

Business Projects Yes \_\_\_ No \_\_\_

Legal Issues Yes \_\_\_ No \_\_\_

Estate Planning – Wills, Estate & Trust (*property & asset protection*) Yes \_\_\_ No \_\_\_

## Other Areas of Potential Interest

How often do you take a family vacation? \_\_\_\_\_ Would you be interested in learning how to pay for vacations without going into your pocket? Yes \_\_\_\_\_ No \_\_\_\_\_

How often do you change your Car? \_\_\_\_\_ would you be interested in learning how to drive a new car every two years, without paying for it out of your pocket?

Would you be interested in learning how to have your mortgage paid without going into your pocket? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in learning how to reduce your Tax liability Yes \_\_\_\_\_ No \_\_\_\_\_

**Cost:** “Cost is only a matter in the absence of value”. If I can save you from making poor finance and business decisions that save you \$100,000 or more, how much would you pay me and how much do I deserve?

If I can help you to make \$100,000 or more within the next 12 months, how much would you pay me, or how much do I deserve?

**Compensation for my services is \$250/hr. billed in 1hr increment, or a retainer of \$150/mth with a \$1000 deposit. I can guarantee that you will save or make you a minimum of 4 x times your consultation fees.**

## NASBIS INITIAL BUSINESS SET UP INFORMATION FORM

| CLIENT Information                                      |   |                                 |   |
|---|---|---------------------------------|---|
| Last Name   | First   | MI                              |   |
| Street Address  |   | Apartment/Unit #                |   |
| City  | State   | Zip                             |   |
| Phone   |   | E-mail-Address                  |   |
| Annual Income \$  | Source of Income: Employee <input type="checkbox"/> |                                 | Self-Employed <input type="checkbox"/>  |
| What is your budget for this project \$                 |   |                                 |   |
|   |   |                                 |   |
| Business Information                                    |   |                                 |   |
| Business Legal Name                                     |   |                                 |   |
| Business Address  |   |                                 | # of Years in Business                  |
| City  | State   |                                 | Zip                                     |
| Business Phone  |   | E-mail Address                  |   |
| EIN #   |   | DUN's #                         |   |
| Type of Business ( Corporation; Partnership; LLC etc. ) |   |                                 |   |
| Product or service offered:                             |   |                                 |   |
| Last Year's Gross Income \$                             |   | Previous Year's Gross Income \$ |   |
| State Currently Registered in                           |   | Year Registered                 | Not Registered <input type="checkbox"/> |

PS This form was created in a writable pdf format so you can complete it online without having to print it.

Please download, complete, and resend as an attachment to support@the[nasbis.com](http://nasbis.com)