



Confidential Center of Influence Questionnaire

Name: _____ Business: _____

Office Address: _____

Phone: (O): _____ (F): _____ (M): _____

Partners: _____

Your Birthday: _____ Assistant's Name: _____

Please rank the following (1 being most important) as to your clients' perceived value of your services:

You Save Your Client Time.	_____	You Solve Your Client's Problems.	_____
You Earn Your Client Money.	_____	You Free Your Client from Worry.	_____
You Save Your Client Money.	_____	You Are A Proactive Financial Partner.	_____

If introduced to a new idea or concept, which of the following best describes your initial concern about new ideas or concepts? Please circle your response and choose only one.

- | | |
|-------------------------|---------------------------|
| Has this worked before? | Could it work for me? |
| How does it work? | How will it help clients? |

Think about your best client relationships. Describe below the qualities that make those relationships the best. Try to describe each quality or factor using only a word or two, or a very short phrase. Do NOT list the client:

1. _____
2. _____
3. _____
4. _____
5. _____

Please provide three possible dates and times within the next two weeks for us to meet:

Date:	Time:	Location:
___/___/___	__:__ (am / pm)	_____
___/___/___	__:__ (am / pm)	_____
___/___/___	__:__ (am / pm)	_____