

ConvergenceCoaching, LLC Client Cross Services Survey

Note To User: Please add or delete services applicable to your firm, add your Firm Name in the blue areas, and update the routing section. Then delete this section in red before printing.

The purpose of this form is to learn more about our clients and their businesses and measure their satisfaction with our services in an effort to ensure that we are delivering the best and broadest services to fulfill their needs. Please let them know that we will follow up with them to address any issues and supply them information or assistance on the services that will help them achieve their goals.

Company Name:	Contact Interviewed:
Phone:	Email:
Previous Year Revenue:	Number of employees:
Type of business:	Industry:

SATISFACTION

Please fill in each of the spaces below using the following rating scale:

4 - Excellent 3 - Good 2 - Fair 1 - Poor N/A

1. Services Received

- _____ a. Financial advice
- _____ b. Business advice
- _____ c. Tax advice
- _____ d. Tax preparation
- _____ e. Financial statements
- _____ f. Auditing
- _____ g. Personal financial planning
- _____ h. Bookkeeping and payroll
- _____ i. Other (fill-in) _____

2. Responsiveness

- _____ a. Accessibility
- _____ b. Promptness in getting back to you
- _____ c. Timeliness of work delivered
- _____ d. Meeting your overall needs

3. Communication

- _____ a. With your primary contact
- _____ b. With other professional staff
- _____ c. With your first telephone contact
- _____ d. With your first face-to-face contact in our office

4. Billing Policies

- _____ a. How well our policies were explained in advance
- _____ b. How we handled any billing inquiries
- _____ c. Value received from our services

5. Our Overall Service

- _____ a. Our team
- _____ b. Timeliness of service
- _____ c. Ability to handle every day issues
- _____ d. Ability to handle emergencies
- _____ e. How well our services were explained
- _____ f. How we handled questions or roadblocks

CROSS SERVICES

FIRM NAME

Which additional services are of interest or may be a fit for the client?

Tax Services

- ☐ Tax Planning
- ☐ Corporate Taxes
- ☐ Employee Benefit Plans
- ☐ International Business & Tax Services
- ☐ Estate, Gift & Trust Tax Returns

Audit and Accounting Services

- ☐ Audits, Reviews & Compilations
- ☐ Employee Benefit Plan Audit
- ☐ Small Business Services (Client Write-Up)
- ☐ CPA Eldercare Services – bill payment & financial management

Technology Services

- ☐ Business Management Software
- ☐ Network Services
- ☐ Security Analysis
- ☐ Training

FIRM NAME Investment Group

Complete this section with the individual or owner or principal of the client's business.

Owner/Individual name:

Age:

What is the sum total of assets you have available for personal investing?

What is the total value of corporate assets available for investment? *Check the client's current, liquidity and debt equity ratios.*

Are you interested in learning more about **FIRM NAME** Investment Advisory Services?

FIRM NAME Management Consulting Services

Is this a family business or is the individual high-income? *If yes, ask the following:*

How are you addressing the following?

Estate Planning

Business Valuations

Strategic Planning

Are you interested in learning more about **FIRM NAME** Management Consulting Services?

FIRM NAME Technology Group

What are you using for your financial software?

Are your computers networked? If yes, how many users (or workstations) do you have?

What network operating system are you using?

Who do you use for your computer support services?

Are you interested in learning more about **FIRM NAME** Technology Services?

Completed by:

Date:

Comments:

Route copy to: fill in name of person who will be responsible for reviewing and tracking the outcome from these forms or print a routing list if you plan to copy and route directly to multiple people or departments.