



# Business Priority Analysis

Date: \_\_\_/\_\_\_/\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Identify with a "1", "2" or "3" your top 3 priorities for the next six (6) months.

1. Business Start-up \_\_\_\_\_
2. Business Turn-around: Improve Profitability, Operations, etc. \_\_\_\_\_
3. Develop / Implement a formal Budget \_\_\_\_\_
4. Operations issues / Business Processes \_\_\_\_\_
5. Staffing / Personnel \_\_\_\_\_
6. Cash flow, debt restructuring \_\_\_\_\_
7. Exit Strategy: Buy/Sell, Key Man Insurance, Generation Transfer \_\_\_\_\_
8. Improve accounting systems / methods \_\_\_\_\_
9. Business Development: Marketing, Sales \_\_\_\_\_
10. Other Goals \_\_\_\_\_

(Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What issues would you like to discuss during your complimentary 1 hour consultation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When completed: Fax to (866) 286-2187 or Email to [coach@makenewrules.com](mailto:coach@makenewrules.com)