



Harrington Financial Solutions
Going The Extra Mile

Business Analysis Questionnaire

Date: _____

Business Name: _____

Contact Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

What is/are the biggest issue(s) that you want to address?

SECTION 1 – Your Business

1. What products/services do you sell?

2. How long has your business been operating? _____

2. What is your customer looking for when they buy from you?

(What is the specific need or frustration that the client has?)

3. What influences their purchasing decision most? Price
 Time
 Quality
 Relationship
 Don't know

4. Do you have a database? Yes
 No

5. How many people are on it? _____

6. How many are active (have bought within the last year)? _____

7. Is your database adequate for marketing? Yes
 No/unsure

8. Do you get all of their repeat business? Yes
 No
 Unsure

9. What is your Average Dollar Sale per customer? \$ _____

Is this a guess? Yes
 No

(Do a quick analysis as follows:-

Total number of customer x average dollar sale x

no. of times of they purchase in a year. Make sure the

figures tally total sales)

10. Do you maximise this on each sale? Yes
 No
 Don't know

11. Do you stay in regular contact with your clients? Yes
 No

12. How do you do this?

13. Do your customers know about all the products/services you sell? Yes
No

Do they buy across the range? Yes
No

14. What is your customer defection rate? <10%
 >10%

What is the cause? Price
Lack of contact
Lack of sales skills
Unsure

15. Do you have a guarantee? Yes
No

Does it deal with a customer's key frustrations? Yes
(what annoys them most about dealing with your industry?) No

SECTION 3 – Your Marketing

1. Who is your market? _____

2. Is it well defined? Yes
No

3. Who makes the purchasing decision for your customer? _____
(authorises the signing of the cheque)? _____

4. Is competition a major factor for you? Yes
No

Passing Trade	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Do you measure it accurately?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Is it effective?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Direct Mail	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Do you measure it accurately?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Is it effective?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Internet	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Do you measure it accurately?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Is it effective?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Trade Shows	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Do you measure it accurately?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Is it effective?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Fliers/Catalogues	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Do you measure it accurately?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Is it effective?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Face to face selling	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Do you measure it accurately?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Is it effective?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Telephone cold calling	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Do you measure it accurately?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Is it effective?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

8. Where do most of your current customers come from?

- | | |
|--------------------------------|--------------------------|
| Advertising | <input type="checkbox"/> |
| Direct Mail | <input type="checkbox"/> |
| Other businesses (by referral) | <input type="checkbox"/> |
| Passing by | <input type="checkbox"/> |
| Telephone sales | <input type="checkbox"/> |
| Face to face appointments | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

9. Do you cross market/up sell with other businesses? Yes
No

10. What is your biggest marketing challenge?

- | | |
|-----------------------|--------------------------|
| Getting new customers | <input type="checkbox"/> |
| Time | <input type="checkbox"/> |
| Effectiveness | <input type="checkbox"/> |
| Selling skills | <input type="checkbox"/> |
| Competitors | <input type="checkbox"/> |
| Pricing | <input type="checkbox"/> |

SECTION 4 – Your Team

1. How many people in your team? _____

2. How do they sell?

- | | |
|--------------|--------------------------|
| Telephone | <input type="checkbox"/> |
| Face to face | <input type="checkbox"/> |
| By mail | <input type="checkbox"/> |

3. How effective is your team at selling?

- | | |
|--------------|--------------------------|
| Great | <input type="checkbox"/> |
| Not so great | <input type="checkbox"/> |
| By mail | |

4. How could it be improved? _____

5. What is your biggest issue team issue? _____

6. Does your team give excellent service? Yes
No

7. How do you monitor customer delight? _____

8. What sort of training do you provide your team with? _____

9. How often do you have management meetings? _____

SECTION 5 – Your Selling

1. What is your conversion rate of leads/enquiries to sales?

Don't know
Guessing

2. Is this consistent for your whole team? Yes
No

3. Do you have a sales budget? Yes
No

Is it prepared in conjunction with your expenses budget and does it incorporate a healthy profit margin? Yes
No

4. Is it measured (for each sales person and for the business as a whole) regularly? Yes
No

5. Do you cross sell / up sell well? Yes
No

6. Do you have a system for it? Yes
No

7. Is it adhered to? Yes
No

SECTION 6 – Financial Management

- | | | |
|-----------------------------------|-----|--------------------------|
| 1. Do you have a computer system? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

What type of computer system? _____

- | | | |
|-------------------------|------------|--------------------------|
| 2. What is it used for? | Accounting | <input type="checkbox"/> |
| | Inventory | <input type="checkbox"/> |
| | WP | <input type="checkbox"/> |
| | Database | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> |

- | | | |
|---------------------------------------|-----|--------------------------|
| 3. Do you monitor it regularly? | Yes | <input type="checkbox"/> |
| Margins (by product, salesperson etc) | No | <input type="checkbox"/> |

- | | | |
|----------|-----|--------------------------|
| Cashflow | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

- | | | |
|---------------|-----|--------------------------|
| Profitability | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

- | | | |
|----------------------------------|-----|--------------------------|
| Other key performance indicators | Yes | <input type="checkbox"/> |
| What? _____ | No | <input type="checkbox"/> |

- | | | |
|--------------------|-----|--------------------------|
| Marketing activity | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

- | | | |
|----------------------------------|-----|--------------------------|
| Key ratios (debtors, stock, etc) | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

- | | | |
|-----------------------------------|-----|--------------------------|
| 4. Do you have an expense budget? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

- | | | |
|--|-----|--------------------------|
| 5. Are your financial arrangements adequate? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

- | | | |
|---|-----|--------------------------|
| 6. Do you have contingency monies put aside to cover a downturn in trading? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

- | | | |
|---|-----|--------------------------|
| 7. Do you understand the financial statements of your business? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

- | | | |
|---|-----|--------------------------|
| 8. Do you have a continuous problem with outstanding and slow paying debtors? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

SECTION 7 – Taxation Issues

1. What was last year's tax liabilities? _____

- | | | |
|---|-----|--------------------------|
| 2. Do you think this year will be similar? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| 3. Do you have the funds to pay this? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| 4. Are you up to date with superannuation? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| 5. Do you have taxation strategies in place? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| Is your projected position monitored regularly? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

SECTION 8 – Business Systems

- | | | |
|---------------------------------------|-----|--------------------------|
| 1. Do you have a procedures manual? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| If yes, does everyone adhere? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| 2. Do you have performance standards? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| If yes, does everyone adhere? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| 3. Do you have performance standards? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| If yes, does everyone adhere? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

SECTION 9 – Risk Management

1. What is your current business structure? Sole Trader (Go to Q4)
 Partnership (Go to Q2)
 Company (Go to Q2)
 Trust (Go to Q2)
2. Do you have a partners/directors clause with your agreement? Yes
 No
3. Do you have a business valuation clause with your agreement? Yes
 No
4. Do you have employment contracts in place with Key employees? Yes
 No
5. Do you have the following insurances?
- Keyman
 Income Protection
 Life
 Superannuation
6. Are you aware of your obligations as a director and in relation to loans and guarantees? Yes
 No
- If Yes, are you happy with this? Yes
 No
7. Do you have a current will? Yes
 No
- Does the executor know that they are executor? Yes
 No
- Does the executor know where the will is? Yes
 No
8. Do you have employment contracts in place with key employees? Yes
 No

SECTION 10 – Wealth Creation

1. What do you ultimately want from your business?

- | | |
|--------------------------------------|--------------------------|
| Retire (<i>If Yes, when _____</i>) | <input type="checkbox"/> |
| More Time | <input type="checkbox"/> |
| More \$\$\$ | <input type="checkbox"/> |
| Sell (<i>If Yes, when _____</i>) | <input type="checkbox"/> |

2. If sell, at what value?
Is this realistic?

- | | | |
|-----|----------|--------------------------|
| | \$ _____ | <input type="checkbox"/> |
| Yes | | <input type="checkbox"/> |
| No | | <input type="checkbox"/> |

3. Will you pass your business on to family
or team members?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

4. Do you have a personal wealth creation plan?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

If yes, has it been reviewed recently?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

5. Have you accurately analysed your future needs?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

SECTION 11 – Final Analysis

1. What are the biggest issues from all you've discussed today?

- | | |
|---------------------------------|--------------------------|
| Developing my uniqueness | <input type="checkbox"/> |
| Targeting my market | <input type="checkbox"/> |
| Not measuring | <input type="checkbox"/> |
| Proactive marketing | <input type="checkbox"/> |
| Alternative outlets for selling | <input type="checkbox"/> |
| Merchandising my business | <input type="checkbox"/> |
| Time Management | <input type="checkbox"/> |
| Pricing | <input type="checkbox"/> |
| Succession Planning | <input type="checkbox"/> |
| Building my Personal Wealth | <input type="checkbox"/> |
| Effective Advertising | <input type="checkbox"/> |
| Competing Better | <input type="checkbox"/> |
| Selling Skills | <input type="checkbox"/> |
| Systems | <input type="checkbox"/> |