## **CLIENT APPLICATION**

INVICT

Date:					
Name:				Company Nam	ne
Address:				Contact Numb	per:
Email:				Title:	
# of Employe	es: C-	Suite Me	mber's	Titles: i.e. CTO	Industry Type:
Last Year's Revenue:	This Year's Revenue:	s Projected	2 Pag	e One search ter	ms you'd like to own:
Last Year's Marketing Bud;		is Year's Irketing Bu	ıdget:	Have you ever do before? If yes, w budget?	one Google Ad campaigns hat was your monthly
Primary Prod	uct or S	ervice So	old:	Average Tra	insaction Size:

What obstacles do you believe you have in hitting your target goals?

What do you believe is competitive about your product/service?

## INVICTUS CLIENT APPLICATION

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Please describe your ideal customer:

Do you presently deploy content marketing strategies? If Yes, how?

Do you presently use a CRM? If Yes, which one?

When was your business established?

How do you presently generate leads?

How do you presently handle your marketing needs?

What are you hoping Invictus CMO can do for your business?

Did you read "The Digital Marketing World of David vs. Goliath? Yes/No

How did you hear about Invictus CMO?

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Page 3:				
Who do you believe are your 3 biggest competitors?				
Do you presently employ members of a marketing team? If so, how many?	Have you ever worked with a fractional CMO previously?			
When is the best time to reach you by phone?				

Is there anything else you would like to share with us about you or your business?

Thank you for sharing essential details about you and your business with us. Please email your completed application to <u>guru@invictuscmo.com</u> where we will review your information to ensure there are no conflicts and to affirm that our Exclusivity Guarantee is upheld. This step helps us ascertain a mutually beneficial partnership. Expect to hear from us shortly!

Please note that the information provided in this application will be treated with the utmost confidentiality and used solely for the purpose of understanding and catering to your business needs.