B2B Client Needs Assessment Survey

| Company Name |
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| |
| Contact Person |
| |
| Position/Role |
| |
| Industry |
| |
| Number of Employees |
| <u> </u> |
| What are your main business goals? |
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| What are the key challenges your company is facing? |
| virial are the key challenges your company is facing: |
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| What solutions/services are you currently using? |
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| What are your top priorities for new solutions? |
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| Estimated budget for this initiative |
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| Preferred implementation timeline |
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| Who is involved in the decision-making process? |
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| Additional comments or requirements | | | | | |
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