

# Questionnaire to identify your Ideal Client (B2B)

## DEMOGRAPHIC DATA

Company name: \_\_\_\_\_

Type of Company:  Sole Proprietorship  Partnership  
 Corporation

Business category: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Type of product / service: \_\_\_\_\_

Location (headquarters and branches): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title and name of responsible / decision maker / person : \_\_\_\_\_

\_\_\_\_\_

Departments or individuals who participate in decision making: \_\_\_\_\_

\_\_\_\_\_

Market: \_\_\_\_\_

Comments / Notes: \_\_\_\_\_

\_\_\_\_\_

## PSYCHOLOGICAL DATA

1. What image do you have from our company? \_\_\_\_\_

\_\_\_\_\_

## PSYCHOLOGICAL DATA (CONT.)

2. Why did you become our customer? What differentiate us from our competition?

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3. What do you like best about us? \_\_\_\_\_

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4. What do you like least? \_\_\_\_\_

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5. What was the most gratifying moment you had with us? \_\_\_\_\_

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6. What was the most frustrating incident you lived with us? \_\_\_\_\_

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7. Select those items you can identify with: (these data will be from your own business or category, here are some suggestions)

7. a. Payment Type:  Cash  Credit

7. b. Demands exclusivity:  Yes  No

7. c. Ponder:  quality over price  price over quality

7. d. Consume our services / products regularly

7. e. Consume products from our competitors:  Never  Sometimes

Occasionally

I am considering it

7. f. Do you recommend us to colleagues:  Yes  No

7. g. Have we met your expectations:  100%  75%  50%  25%  0%

7. h. Comments / Notes: \_\_\_\_\_

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### PROBLEMS AND NEEDS

1. At what moment do you connect to the Internet? \_\_\_\_\_  
\_\_\_\_\_
2. What are the main problems or questions do you have about \_\_\_\_\_?  
(Your business)  
\_\_\_\_\_  
\_\_\_\_\_
3. Where do you usually make your searches?  Google  Bing  Yahoo!
4. Do you use social networks? Which ones?  Facebook  Twitter  LinkedIn  
 Others:
5. Which websites \_\_\_\_\_ do you frequent? What do you look for at  
(Your business)  
each one of them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Are you subscribed to Newsletters of \_\_\_\_\_? Which ones? \_\_\_\_\_  
(Your business)  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you use your mobil phone to read emails?  Yes  No
8. Would you prefer to receive our newsletter optimized for mobile?  Yes  No
9. Do you surf the Internet from your mobile?  Yes  No
10. Would you prefer that our site is optimized for mobile?  Yes  No
11. Comments / Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_