

Service Business Survey

Fill in the information that you have available. If you do not understand a question or have the answer, just skip over it to the next question. We will assist you in filling out any blanks during the review stage. Our goal is to make this as easy and simple of a process as possible. Thank you.

Company Name _____

Contact Name _____ Position _____

Address _____

City _____ State _____ Zip _____

Contact Phone _____ Fax _____

Contact email _____ @ _____

How Long In Business? _____ How many active clients? _____

How many times a year does the average client utilize your services? _____

How many times a year should the average client be utilizing your services? _____

Do you feel your existing clients are utilizing all of your services? _____

No. of Principals in the company? _____ No. of Office Staff? _____

Are the Principals Active in Generating service income? _____

if yes, what % _____ (as a technician) what % _____ (as a salesman)

No. of Service Trucks? _____ Do you have a paid sales personnel? _____

Are your service vehicles marked with company name / logo? Yes No

What is the average outward appearance of the service trucks? Good Fair Bad

How many calls per day does the average service technician run? _____

What is the average sales per day for a service technician? _____

Do you track warranty, estimating and stand by man-hours separately from other hours? _____

If yes, what is the average number of non-billable man-hours per year? _____

T.B. Simmons

What is the average number of billable man-hours per year? _____

What is the % of direct cost compared to your annual sales? _____

Do your technicians wear company uniforms? _____ If yes, are they provided? _____

Do you provide on going technical training for technicians? _____

Do you perform background or drug tests on employees? _____

Are you currently turning service down? _____ If yes, how many per day? _____

Do you charge by the hour? _____ or do you use a flat rate pricing system? _____

Do you provide free estimates? _____ For all of your services? _____

Do you charge a service / evaluation fee? _____ If yes, how much? _____

Do you provide a written estimate? _____ Written warranty? _____

If yes, how long is the average warranty? _____ Do you charge for warranty? _____

Type of Services Provided % of Total Annual Sales Annual # of Inv

% of sales # of Invoices

% of Sales # of Invoices

% of Sales # of Invoices

% of Sales # of Invoices

% of Sales # of Invoices

% of Sales # of Invoices

% of Sales # of Invoices

% of Sales # of Invoices

% of Sales # of Invoices

“Putting You, In Charge Of Your Business”

T.B. Simmons

Type of Marketing You Do	Total Annual \$ Spent	How Many Months Annually
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

What % of your total overhead expense goes to the marketing listed above? _____

What is the % of overhead costs compared to your annual sales? _____

How much do you spend annually contacting existing clients for new services? _____

Do you own or rent business space? _____ If rent, how much per month? _____

If you own, do you charge yourself and pay rent? _____ How much? _____

What is the outward appearance of the building and property? Good Fair Bad

What is the inside appearance of the building and offices? Good Fair Bad

Do you have an exit strategy for your business? _____ Do you need one? _____

Do you have a time frame for when you would like to implement this strategy? _____

Where would you like to see your service sales one year from now? _____

How many new service technicians can your existing support staff handle? _____

Can your business grow in your current location? _____

T.B. Simmons

What types of problems do you need addressed in your service business?

1. _____
2. _____
3. _____

What changes would you like to see in your service business one year from now?

1. _____
2. _____
3. _____

All of the above information included in this "Business Survey" will be utilized by T. B. Simmons as a snapshot of your business to identify issues, challenges and potential solutions and will be held in confidence and not utilized for any other purpose or provided to any other parties for any reason. There is NO obligation or cost for this review.

Please give us a call at 866-234-9486 if you have any questions or need assistance. You may fax the completed "Business Survey" to 618-233-0856. Thank you for the opportunity to review your business needs.

"Putting You, In Charge Of Your Business"