

DATE & TIME _____

CLIENT NAME			
	Family Name	First Name	Middle Name
ENTERPRISE NAME			
YEAR ESTABLISHED		NO. OF EMPLOYEES	
INDUSTRY		CLIENT BASE	
PRODUCTS AND/OR SERVICES <i>You may use a separate sheet if necessary or attach a copy of relevant company documents.</i>			
NO. OF SITES / LOCATIONS / BRANCHES <i>Please list all sites and site purpose (manufacturing, warehouse, depot, satellite office, etc.)</i>		EMPLOYEE BASE <i>Indicate Total Company and Per Site Total</i>	
ANNUAL REVENUE		BIGGEST CLIENT <i>(based on % of Revenue Base)</i>	
PROFITABILITY PROFILE <i>(Amount & % of Sales)</i>	Gross Profit	Operating Profit	Return on Sales
COMPANY STRUCTURE <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		OWNER/S <i>(Names & % Ownership)</i>	
		PRESIDENT	
COMPANY SIZE <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large		CONTACT PERSON	
		Mobile No.	
		Landline	
		E-mail address	
PREVIOUS PROJECTS WITH OLIVE BRANCH and/or other related companies			
PROJECT with brief description			INCLUSIVE PERIOD
How did they learn about OB's services?			

For ME Graduates

ME GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	SCHOOL / YEAR	
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PREPARED BY	
POSITION	