

# BusinessBASE™

## Personal Information

Name \_\_\_\_\_ Birthday \_\_\_\_\_  
(or attach business card)

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/PC \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_\_) \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## Others

Married:  Yes  No Spouse Name \_\_\_\_\_

Anniv. \_\_\_\_\_ Birthday \_\_\_\_\_

Divorced:  Yes  No Separated:  Yes  No Widowed:  Yes  No

Engaged:  Yes  No Children:  Yes  No

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

## Education

College:  Yes  No Name: \_\_\_\_\_ Graduated:  Yes  No

Degree \_\_\_\_\_

Post Grad Study \_\_\_\_\_

Military:  Yes  No

Branch \_\_\_\_\_ Rank @ Discharge \_\_\_\_\_

Faith \_\_\_\_\_ Active:  Yes  No

## Personal Characteristics

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Positive        | <input type="checkbox"/> Academic Oriented | <input type="checkbox"/> Independent       | <input type="checkbox"/> Non-Smoker    |
| <input type="checkbox"/> Negative        | <input type="checkbox"/> Outdoor Type      | <input type="checkbox"/> Careful           | <input type="checkbox"/> Smoker        |
| <input type="checkbox"/> Private Person  | <input type="checkbox"/> Indoor Type       | <input type="checkbox"/> Salary Income     | <input type="checkbox"/> Non-Drinker   |
| <input type="checkbox"/> Visible Person  | <input type="checkbox"/> Listener          | <input type="checkbox"/> Commission Income | <input type="checkbox"/> Drinker       |
| <input type="checkbox"/> Outgoing Person | <input type="checkbox"/> Talker            | <input type="checkbox"/> Computer Literate | <input type="checkbox"/> Heavy Drinker |
| <input type="checkbox"/> Sports Oriented |  |  |  |

## Hobbies and Memberships

Hobbies & Recreation Interests \_\_\_\_\_

Fraternal Memberships \_\_\_\_\_

Social Memberships \_\_\_\_\_

## Employment

Current Business/Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Job Description \_\_\_\_\_

Professional/Trade \_\_\_\_\_

Memberships \_\_\_\_\_

Honors & Awards \_\_\_\_\_

## Relationship

Where & How Did You Meet This Person? \_\_\_\_\_

Were You Introduced By Someone?  Yes  No

If Yes, Who? \_\_\_\_\_

What Is Their Relationship? \_\_\_\_\_

Who Does This Person Know That Might Be Important To You? \_\_\_\_\_

Does This Person Know You By Face?  Yes  No By Name?  Yes  No By Profession?  Yes  No

## Contact

Send/Date \_\_\_\_\_ Comments \_\_\_\_\_

Call/Date \_\_\_\_\_ Comments \_\_\_\_\_

See/Date \_\_\_\_\_ Comments \_\_\_\_\_

Send/Date \_\_\_\_\_ Comments \_\_\_\_\_

Call/Date \_\_\_\_\_ Comments \_\_\_\_\_

See/Date \_\_\_\_\_ Comments \_\_\_\_\_

Send/Date \_\_\_\_\_ Comments \_\_\_\_\_

Call/Date \_\_\_\_\_ Comments \_\_\_\_\_

See/Date \_\_\_\_\_ Comments \_\_\_\_\_

Notes / Transactions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_