



Business Plan Questionnaire

About You:

Name: _____ YL Distributor #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Daytime Phone: _____ Evening Phone: _____

Website: _____

What is the best way to reach you? _____ When is the best time to reach you? _____

What is your education background? _____

What is your current occupation? _____

How many hours per week does your current occupation require? _____

How many hours per week are you working on your Young Living business? _____

How long have you been dedicated to growing your Young Living business? _____

What are your goals with your Young Living organization? _____

In Order to Reach Your Goals:

How many hours per week are you willing to invest in building your Young Living Business? _____

Have you embraced the Young Living lifestyle to help you demonstrate product benefits? _____

What are your strengths? _____

In what areas do you need assistance? _____

Are you interested in building your business on the internet?

What is your experience level on the internet?

- Experienced Somewhat Experienced Inexperienced

Do you have experience with Social Media?

- Facebook Pinterest Google +
 Twitter Blogging Linked In

What is your experience with communication via email?

- Experienced Somewhat Experienced Inexperienced

What income would you like to be earning with your organization?

In six months: \$ _____ In one year: \$ _____ In three years: \$ _____

***If there is anything else you would like for to share about yourself,
please feel free to comment on a second page.***