



advance business specialists

BUILDING BETTER BUSINESSES

Monthly Feedback Form

Business Update

Client Name: _____ **Business Name:** _____

Is your business operating in accordance with your business plan? Yes No

If no please explain:

Have there been any changes to your circumstances e.g. change of address? Yes No

If yes please give details: _____

Specifically what have you achieved over the past 4 weeks to build and promote the business?

On average, what have your sales been per week? _____

What do you plan to do over the next 4 weeks to achieve/improve your income?

Do you have any concerns with your business that you would like to discuss with your mentor?

Additional/ Feedback - please note if you are happy with your mentor/mentoring, training and support to date from ABS:

I Confirm my insurance is being maintained and is current Yes No

Signature: _____ Date: _____

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