**Video SEO Intake Form**

Client's First Name: 

Client's Last Name: 

Client's Business Name (required): 

Client's Logo: 

Business Tag Line: 

Client Website: 

Business City to Target: 

Business Phone (required): 

Do you want us to add our own tracking number for the above number?

 Yes No

Business Niche: 

Features of Business (ex: licensed, bonded, fully insured, etc):  


**Video Information**

Would you like us to create a YouTube Channel?

 Yes No

If no, please fill this out:

Youtube URL: 

Youtube Username: 

Youtube Password: 

Your Keyword Phrases: 



