



# Google Ads Questionnaire

Fields with \* are required.

## Contact Information

Primary Contact\*

Contact Email\*

Contact Phone Number\*

Secondary Phone/Email

Company Name\*

Company Website\*

What product or service does your company offer?\*

## Campaign Goals

Generate clicks to website

Increase calls

Increase form submissions

Generate new clients

Other

## Audience Demographics

## Competitor Information

## Campaign Results

8. Where do you want people to “land” when they click through your ad (i.e. page on website, etc.)?\*

10. Do you have a “thank you” page with a unique URL connected to your submission form(s)? If so, list below:\*

11. Have you used Google Ads before? If so, what were the benefits and frustrations? What type of campaign did you run and for how long?\*

## Ad Budget

## Additional Information

14. If needed, do you have images we can use for the campaign and that are relevant to your keywords?

15. If there’s any additional information you’d like us to know, please explain here.

Thank you for taking the time to fill out this form. We look forward to working with you!

**After submitting this form, please expect to hear from us about your project within 1 business day.**