



Internal Marketing Audit

Name:	Position:
Company:	Work phone:
Address:	Cell phone:
Website:	Email:

GENERAL	
Who referred you to Adwise Marketing & communications?	
When and how do you prefer to be contacted?	
Number of employees?	
What was your gross revenue last year?	
What is working well in your business?	MAX 75 WORDS
What is not working well in your business?	MAX 75 WORDS
What are your biggest blocks or challenges?	MAX 75 WORDS
What are your sales and revenue goals?	
What key metrics do you use to determine success?	
What is your allocated marketing budget?	

Internal Marketing Audit Checklist

POSITIONING / BRANDING			
	Yes	No	Comments
Do you have a strong brand identity?	<input type="checkbox"/>	<input type="checkbox"/>	
Logo and different logo "lockups"?	<input type="checkbox"/>	<input type="checkbox"/>	
Key and additional color palette options?	<input type="checkbox"/>	<input type="checkbox"/>	
Corporate typefaces and typographic treatments?	<input type="checkbox"/>	<input type="checkbox"/>	
Visual assets? Consistent style of images? Library of graphic elements?	<input type="checkbox"/>	<input type="checkbox"/>	
What differentiates you? What are your areas of expertise?			
What is your unique value (or selling) proposition?			
What kind of image do you want to portray? What could make you stand out?			
What is your vision / mission? Please state clearly.			
TARGET MARKET ANALYSIS			
	Yes	No	Comments
Do you know your target market?	<input type="checkbox"/>	<input type="checkbox"/>	Primary Target Market: Secondary Target Market:
Do you know your ideal customer? What do you know about them?	<input type="checkbox"/>	<input type="checkbox"/>	
Are they aware of you?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know about their needs/wants/problems/challenges? If yes, do you think your offerings are the best offerings for them to solve their need/want/problem/challenge? Why?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you provide them value? What results do you produce?	<input type="checkbox"/>	<input type="checkbox"/>	

COMPETITOR ANALYSIS			
Who in your market are we competing against?			
How are your competitors different from you?			
How do they market themselves?			
What products and services do they offer? Please list top 3.			
How do your products and services rate in relationship to theirs?			
PRODUCTS & SERVICES			
Please list your 3 key products or services.			
What products will help you create a herd/following?			
What products can you create deluxe options with?			
What is your irresistible offer?			
MARKETING TOOLS YOU ARE CONSIDERING			
	Yes	No	Comment if available
Brand Identity Package	<input type="checkbox"/>	<input type="checkbox"/>	
Website	<input type="checkbox"/>	<input type="checkbox"/>	
Blog	<input type="checkbox"/>	<input type="checkbox"/>	
SEO	<input type="checkbox"/>	<input type="checkbox"/>	
Social Media Marketing	<input type="checkbox"/>	<input type="checkbox"/>	Facebook Twitter Google + Linked In Pinterest Instagram
Networking	<input type="checkbox"/>	<input type="checkbox"/>	

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Direct Mail	<input type="checkbox"/>	<input type="checkbox"/>	
Email Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	
Collateral Material (brochures, flyers, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Signage and Point-Of-Purchase	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor Advertising	<input type="checkbox"/>	<input type="checkbox"/>	
Print Advertising	<input type="checkbox"/>	<input type="checkbox"/>	
Radio / TV Advertising	<input type="checkbox"/>	<input type="checkbox"/>	
Digital Marketing	<input type="checkbox"/>	<input type="checkbox"/>	
Sponsorships	<input type="checkbox"/>	<input type="checkbox"/>	
Events & Tradeshows	<input type="checkbox"/>	<input type="checkbox"/>	
Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	
Cross Promotion	<input type="checkbox"/>	<input type="checkbox"/>	
Strategic Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	
Project Estimates			
	Yes	No	Comments
Has your Marketing Budget been determined and approved?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your Project Deadline (Completion Date) been established?	<input type="checkbox"/>	<input type="checkbox"/>	
Have interdependencies between other projects been identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Start Date	<input type="checkbox"/>	<input type="checkbox"/>	
End Date	<input type="checkbox"/>	<input type="checkbox"/>	
# of Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	

Thank you!