



BUYERS NAME:

Demographic Information

Age:

Gender:

Education:

Occupation:

Income:

PROFESSION:

Family and Lifestyle

Number of children:

Pets:

Hobbies and interests:

Favorite local activities:

Pain Points

What problems do they face that your business can solve?

What are their biggest concerns or fears related to your service?

Goals and Objectives

What are their short-term goals related to your service?

What motivates them to use your service?

Buying Behavior

How do they typically find businesses like yours?

How do they research potential businesses before making a decision?

Influencers

Who or what influences their purchasing decisions?

Do they seek recommendations from friends, family, or colleagues?

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