

Client Request for Counseling

Client Name (Name of the person completing this form/representative of the business) (First Last)	E mail
Position/Title (if already in business)	Day Telephone
Business Name (if already in business)	Night Telephone
Street Address/PO Box (give business address if currently in business)	Fax
City State Zip	Business Description

Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty
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Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to next section)	Month & Year Business Started?	What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____
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Type of Business (choose best category) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)	NAICS Code _____
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What percentage of your business is female owned? _____ % Do you conduct business online? <input type="checkbox"/> Yes Is this a home based business? <input type="checkbox"/> Yes	Number of Employees Full Time: _____ Part Time: _____	For your most recent full business year: Gross Revenues / Sales \$ _____ +Profits / -Losses \$ _____
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Describe specific assistance requested: _____

What inspired you to contact us? (mark best choice)

<input type="checkbox"/> SBA	<input type="checkbox"/> Other Client	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Bank	<input type="checkbox"/> Magazine	<input type="checkbox"/> Educational Institution	
<input type="checkbox"/> Business Owner	<input type="checkbox"/> Internet	<input type="checkbox"/> Local Economic Development Official	
<input type="checkbox"/> Television/Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of Mouth	

I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services.
 I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes No).
 I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance.

Client Signature	Date:
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