U.S. Small Business Administration

# U.S. Small Business Administration
# Counseling Information Form

Client Number:

## Client Request for Counseling

| | |
|---|---|
| **Client Name** (Name of the person completing this form/representative of the business) (First Last) | **Email** |
| **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)
- ☐ Asian
- ☐ Black or African American
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

**Ethnicity**
- ☐ Hispanic Origin
- ☐ **Not of** Hispanic Origin

**Gender**
- ☐ Male
- ☐ Female

**Do you consider yourself a person with a disability?**
- ☐ Yes ☐ No

**Veteran Status**
- ☐ Non-Veteran ☐ Veteran ☐ Service-Disabled Veteran

**Military Status**
- ☐ Member of Reserve or National Guard
- ☐ On Active Duty

**Are you currently in business?**
- ☐ Yes
- ☐ No **(if no, skip to next section)**

**Month & Year Business Started?**

**What is the legal entity of your business?**
- ☐ Sole Proprietorship ☐ Corporation ☐ LLC
- ☐ S-Corporation ☐ Partnership
- ☐ Other (specify) _____

**Type of Business** (choose best category)

| | | | |
|---|---|---|---|
| ☐ Mining | ☐ Manufacturing | ☐ Real Estate & Rental & Leasing | ☐ Professional, Scientific & Technical Services |
| ☐ Utilities | ☐ Finance & Insurance | ☐ Health Care & Social Assistance | ☐ Management of Companies & Enterprises |
| ☐ Information | ☐ Wholesale Trade | ☐ Accommodation & Food Services | ☐ Agriculture, Forestry, Fishing & Hunting |
| ☐ Construction | ☐ Public Administration | ☐ Arts, Entertainment & Recreation | ☐ Administrative & Support |
| ☐ Retail Trade | ☐ Educational Services | ☐ Transportation & Warehousing | ☐ Waste Management & Remediation Services |
| | | | ☐ Other Services (except Public Administration) |

**What percentage of your business is female owned**? _____%

**Do you conduct business online?** ☐ Yes

**Is this a home based business?** ☐ Yes

**Number of Employees**
Full Time:
Part Time:

**For your most recent full business year:**
Gross Revenues / Sales $_____
+Profits / -Losses $_____

Describe specific assistance requested : _____

_____

_____

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

| | | | |
|---|---|---|---|
| ☐ SBA | ☐ Other Client | ☐ Chamber of Commerce | ☐ Other (specify) _____ |
| ☐ Bank | ☐ Magazine | ☐ Educational Institution | |
| ☐ Business Owner | ☐ Internet | ☐ Local Economic Development Official | |
| ☐. Television/Radio | ☐ Newspaper | ☐ 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:**