

Request For Counseling

Type of Action (Circle One) 1.) One Time 2.) Initial 4.) Information	Center Code:	NAIC CODE	Date:
	First Name	Last Name	Title
Mailing Address		City	State Zip
Phone (Business)	Phone (Mobile or Pager)	Phone (Home)	Fax
Email:		Referral:	
Company Name:		<input type="checkbox"/> Accountant <input type="checkbox"/> ITD <input type="checkbox"/> SBA <input type="checkbox"/> Advertising <input type="checkbox"/> Legal Counsel <input type="checkbox"/> SBDC <input type="checkbox"/> Bank <input type="checkbox"/> Local EDC <input type="checkbox"/> SBM <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Network Agency <input type="checkbox"/> Television/Radio <input type="checkbox"/> Faculty <input type="checkbox"/> Newspapers <input type="checkbox"/> Training Seminar <input type="checkbox"/> Government Center <input type="checkbox"/> One Stop Permit <input type="checkbox"/> University <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> USEAC <input type="checkbox"/> ITAC <input type="checkbox"/> PTAC Program	
County			
Primary Location:		Organizational Type:	
<input type="checkbox"/> Commercial <input type="checkbox"/> Internet <input type="checkbox"/> Home based <input type="checkbox"/> Rural		<input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Foreign Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Foreign Limited Liability Corporation <input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> Foreign Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Sub-Chapter S-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Undecided	
Business Type:			
<input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> No Response <input type="checkbox"/> Wholesale <input type="checkbox"/> Not in Business			
Business Status		SBA Relationship	
<input type="checkbox"/> Existing <input type="checkbox"/> Pre-venture <input type="checkbox"/> Declining <input type="checkbox"/> Existing Healthy <input type="checkbox"/> Start-Up		<input type="checkbox"/> 8A Client <input type="checkbox"/> Borrower <input type="checkbox"/> 8A/Borrower <input type="checkbox"/> COC <input type="checkbox"/> 8A Surety/Bond <input type="checkbox"/> None <input type="checkbox"/> Applicant <input type="checkbox"/> Surety Bond	
		New product or Technology?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Do you Export? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Defense Related?	Product/Service Description: (Briefly Describe your product or service)		
<input type="checkbox"/> Yes <input type="checkbox"/> No GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female			
Ethnicity			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Military Status: <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Dis. Vietnam Vet. <input type="checkbox"/> Vietnam Era-Vet <input type="checkbox"/> Non-Veteran	
		Race: <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native American	
Area of Counseling Requested			
<input type="checkbox"/> Accounting/ Records <input type="checkbox"/> International Trade <input type="checkbox"/> Business Liquidation/Sale <input type="checkbox"/> Inventory Control <input type="checkbox"/> Bus. Start-up/Acquisition <input type="checkbox"/> Legal Issues <input type="checkbox"/> Computer Systems <input type="checkbox"/> Marketing/Sales <input type="checkbox"/> Engineering R&D <input type="checkbox"/> Other <input type="checkbox"/> Financial Analysis <input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Government Procurement <input type="checkbox"/> Sources of Capitol <input type="checkbox"/> Human Resources <input type="checkbox"/> Technology			
Economic Indicator Information			
Gross Sales	\$	Jobs Retained	#
Export/Import Sales	\$	Full-Time Employee	#
Gov. Contracts	\$	Part-Time Employee	#
		Current Equity	\$
		Cost Avoidance	\$
		Loans:	\$

I request business management counseling from the Small Business Development Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBDC assistance services. I authorize SBDC's to furnish relevant information to the assigned management counselor(s) although I expect that information to be held in strict confidence by him/her.

I further understand that any counselor has agreed 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 SBDC's furnishing management or technical assistance, I waive all claims against SBDC personnel, SCORE, SBA and its host organizations, SBI, and other SBDC Resource Counselors, arising from this assistance.

Signature of Requestor _____ Date: _____