U.S. Small Business Administration

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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:**