

Client Request for Counseling Form

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Last Name		First Name	
Business Name		Position/Title	
Address			
City		State	Zip
Contact Number		Fax Number	
Email		Website	

Race: (mark one or more)

- Asian
- Black/African American
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- White

Ethnicity:

- Hispanic Origin
- Not of Hispanic Origin

Gender:

- Male
- Female

Veteran Status:

- Non-Veteran
- Veteran
- Service-Disabled Veteran

Military Status:

- Member of Reserve of National Guard
- On Active Duty

Are You a Person With a Disability? Yes No

Business Description:				
Currently In Business (yes or no)?		Month & Year Business Started:		
Legal Entity of your business:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____		
Type of Business: (chose best category)				
<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Professional, Scientific & Technical Services	
<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Management of Companies & Enterprises	
<input type="checkbox"/> Information	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Administrative & Support	
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Waste Management & Remediation Services	
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Other _____	
Female-Owned Percentage:	%	Number of Employees:	F/T:	P/T:
Do you conduct business online?		Gross Revenue/Sales:	\$	
Is this a home based business?		Profits/Losses: (Recent Year)	\$	

Describe specific assistance requested: _____

How did you hear about us? _____

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 you 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:** _____

SBA Form 641 (5/04) Previous Editions are Obsolete

MASON SBDC USE ONLY: Entered into system on (date) _____ by (name) _____.