



Company Information Form

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service _____ 1a. Type of Client: Face to Face Online Telephone
 2. City/State of Office Location _____

What is your NAICS Code?

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)		4. Email:	
5. Telephone Primary _____ Secondary _____		6. Fax	
7. Street Address/PO Box (give business address if currently in business)	8. City	9. State	10. Zip +4
11. I request business advising service from the Alabama SBDC Network and/or Alabama PTAC. I agree to cooperate should I be selected to participate in surveys designed to evaluate these 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 <input type="checkbox"/> No <input type="checkbox"/>). 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 advisor(s). I further understand that the advisor(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 advising relationship. In consideration of the advisor(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. I self-certify that neither I nor my company have been suspended or debarred by a Federal Agency. Please note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416. PLEASE DO NOT SEND FORMS TO OMB.			
12. Preferred date & time for appointment Date: _____ Time: _____	13. Client Signature PLEASE SIGN HERE		14. Date:

PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Military Status <input type="checkbox"/> No military, Reserve, or National Guard service <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Spouse of Military Member				<input type="checkbox"/> Member of Reserve		<input type="checkbox"/> Member of National Guard	
19. Referred by? (Mark all that apply) Have you already spoken with the Alabama SBDC or PTAC? Name: _____							
<input type="checkbox"/> SBA District	<input type="checkbox"/> SBDC	<input type="checkbox"/> Other Client	<input type="checkbox"/> Magazine/Newspaper	<input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> Lender	<input type="checkbox"/> VBOC	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> USEAC			
<input type="checkbox"/> Business Owner	<input type="checkbox"/> SCORE	<input type="checkbox"/> Local Economic Development Official	<input type="checkbox"/> Television/Radio	<input type="checkbox"/> Boots to Business			
<input type="checkbox"/> SBA Website	<input type="checkbox"/> WBC	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Internet (please indicate website)	_____			
20a. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30) 20b. If yes, are you currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to 20b, please let your advisor know which countries, and ask to talk with an international trade specialist.							
21. Name of Business							
22. Type of Business (choose primary 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"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)							
23. Business Ownership – What percentage of your business is male or female owned? _____ % Male _____ % Female		24. Date Business Started? (MM/YYYY)		25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Are you a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No 26a. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Total No. of Employees (Full & PT) _____ 27b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT) _____		28. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____ 28b. Amount of your Gross Revenue/Sales related to exporting _____		29. 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) _____			
30. What is the nature of counseling you are seeking? (Choose primary category) <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Technology/Computers <input type="checkbox"/> Business Plan <input type="checkbox"/> Customer Relations <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Franchising <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade <input type="checkbox"/> Tax Planning							
Describe specific assistance requested in the space provided. _____							

Fax signed form to 205-348-6974 OR e-mail to ASBDC@UA.edu OR Register Online: ASBDC.org/register