VIRGINIA Small Business Development Centers — where business comes to talk business.

# 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)<br><br>**City** **State** **Zip** | **Fax**<br><br>**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:**