**U.S. Small Business Administration**  
**Counseling Information Form**

1. Name of the Office Providing the Service_________________________  
   1a. Type of Client: [ ] Face to Face  
   [ ] Online  
   [ ] Telephone
2. City/State of Office Location _______________________________

**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

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

11. 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. 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, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.

12. Preferred date & time for appointment  
   Date:_________________________  
   Time:_________________________

13. Client Signature

14. Race (Mark one or more)  
   [ ] American Indian or Alaska Native  
   [ ] Native Hawaiian or Other Pacific Islander  
   [ ] Asian  
   [ ] Black or African American  
   [ ] White

15. Ethnicity  
   [ ] Hispanic or Latino  
   [ ] Not Hispanic or Latino

16. Gender  
   [ ] Male  
   [ ] Female

17. Do you consider yourself a person with a disability?  
   [ ] Yes  
   [ ] No

18. Veteran Status:  
   [ ] Non-Veteran  
   [ ] Veteran  
   [ ] Service-Disabled Veteran  
   [ ] On Active Duty  
   18a. Military Status  
   [ ] Member of Reserve or National Guard  
   [ ] On Active Duty

19. Referred by? (Mark all that apply)  
   [ ] SBA District Office  
   [ ] SBDC  
   [ ] Other Client  
   [ ] Magazine/Newspaper  
   [ ] Other (specify)  
   [ ] Word of Mouth  
   [ ] Local Economic Development Official  
   [ ] Television/Radio  
   [ ] Internet (please indicate website)  
   [ ] SBA Web site  
   [ ] SCORE  
   [ ] Chamber of Commerce  
   [ ] Other (specify)  

20a. Are you currently in business?  
   [ ] Yes  
   [ ] No (if no, skip to 30)

20b. If yes, are you currently exporting?  
   [ ] Yes  
   [ ] No

If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

21. Name of Business

22. Type of Business  
   (choose primary 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)

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?  
   [ ] Yes  
   [ ] No

26a. Are you a home based business?  
   [ ] Yes  
   [ ] No

26b. Are you 8(a) certified?  
   [ ] Yes  
   [ ] No

27a. Total No. of Employees (Full & PT) _________________________

27b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT) ___________

28a. For your most recent full business year, what were your:  
   Gross Revenues/Sales $__________  
   +Profits/-Losses $__________

28b. Amount of your Gross Revenues/Sales related to exporting $__________

29. What is the legal entity of your business?  
   [ ] Sole Proprietorship  
   [ ] Corporation  
   [ ] S-Corporation  
   [ ] Other (specify)  
   [ ] LLC  
   [ ] Partnership

30. What is the nature of counseling you are seeking? (Choose primary category)

   [ ] Start-up Assistance (How do I start a small business?)  
   [ ] Business Plan  
   [ ] Financing/Capital (such as applying for a loan, building equity capital)  
   [ ] Managing a Business

   [ ] Human Resources/Managing Employees  
   [ ] Customer Relations  
   [ ] Marketing/Sales (promotion, market research, pricing, etc.)  
   [ ] Technology/Computers

   [ ] Business Accounting/Budget  
   [ ] Government Contracting (including certifications)  
   [ ] Franchising  
   [ ] eCommerce (using the Internet to do business)  
   [ ] Legal Issues (such as, Should I incorporate?)

   [ ] Cash Flow Management  
   [ ] Buy/Sell Business  
   [ ] International Trade  
   [ ] Other (specify)  

   Describe specific assistance requested in the space provided __________________________

SBA Form 641 (1/2011)
Appendix A to Questions 20b. & 39b

If your company is currently exporting, please indicate the countries to which your company exports: (Mark all that apply)

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