



# North Texas Small Business Development Centers SBDC Client Intake Form



<b>CLIENT NAME</b> (Last, First, MI)		<b>EMAIL</b> Check here if you DO NOT want to receive emails from the SBDC <input type="checkbox"/>			
<b>POSITION</b> <input type="checkbox"/> Owner/Sole Proprietorship <input type="checkbox"/> Employee <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____					
<b>WORK PHONE</b>			<b>CELL PHONE</b>		
<b>HOME PHONE</b>			<b>FAX</b>		
<b>MAILING ADDRESS</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b> (+4 If Known)
<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>RACE</b> <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> White	<b>ETHNICITY</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>VETERAN STATUS</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran	<b>RESERVIST STATUS</b> <input type="checkbox"/> On Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reservist	<b>DO YOU HAVE A DISABILITY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## COMPANY INFORMATION

<b>ARE YOU CURRENTLY IN BUSINESS?</b> <input type="checkbox"/> Yes, indicate Month/Year established: ____/____/____ <input type="checkbox"/> No
If in business, but want to explore new business, please specify area of interest: _____ (REQUIRED FIELD)
<b>IF IN BUSINESS, ARE YOU CURRENTLY EXPORTING?</b> <input type="checkbox"/> Yes. Please list the Countries below. <input type="checkbox"/> No <input type="checkbox"/> Not yet, but I'm interested.
<b>COUNTRIES:</b> _____
<b>COMPANY NAME (if applicable)</b> _____ <b>WEBSITE</b> _____
<b>PHYSICAL ADDRESS OF THE BUSINESS</b> _____ <b>CITY</b> _____ <b>STATE</b> _____ <b>ZIP</b> (+4 If Known) _____

**WHAT PROMPTED YOU TO CONTACT US (REFERRED FROM)?**

<input type="checkbox"/> Advertising/Marketing	<input type="checkbox"/> College/University	<input type="checkbox"/> Lender	<input type="checkbox"/> SBA Network	<input type="checkbox"/> Website: _____
<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Email	<input type="checkbox"/> Local EDC	<input type="checkbox"/> SBDC	<input type="checkbox"/> Internet URL _____
<input type="checkbox"/> Client/Word of Mouth	<input type="checkbox"/> Media/TV/Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Training Seminar	<input type="checkbox"/> Other (specify): _____

<b>BUSINESS OWNERSHIP</b> What is the gender of the business ownership? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female Ownership	<b>BUSINESS SIZE</b> <input type="checkbox"/> Disadvantaged-Small <input type="checkbox"/> Large <input type="checkbox"/> Minority Owned Small <input type="checkbox"/> Other Small	<b>YOUR BUSINESS'S LEGAL ENTITY</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____	<b>HOME-BASED BUSINESS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>DO YOU CONDUCT BUSINESS ONLINE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____	<b>ARE YOU 8(A) CERTIFIED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SBA RELATIONSHIP</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> Procurement Assistance <input type="checkbox"/> Technical Assistance
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**TYPE OF BUSINESS**  Manufacturing  Wholesale  Construction  Retail  Services  Other: \_\_\_\_\_

**PRODUCTS/SERVICES:** \_\_\_\_\_ **NAICS CODE(S):** \_\_\_\_\_  
(SBDC staff can assist with NAICS code for your business)

<b>CURRENTLY, WHAT ARE YOUR TOTAL NUMBER OF EMPLOYEES</b> _____ Full-time & Part-time _____ How many are engaged in the exporting aspect of the business?	<b>FOR MOST RECENT FULL BUSINESS YEAR, PLEASE PROVIDE</b> Gross Revenues/Sales (GRS) \$ _____ +Profits/-Losses \$ _____ Amount of GRS related to exporting? \$ _____
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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, said information including but not limited to confidential and proprietary information in any form whatsoever, including oral, written and machine readable form. SBA will not provide your 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. I waive all claims against SBA personnel, resource partners and host organizations, arising from this assistance. The estimated burden for completing this form is 3 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.

**CLIENT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

The Client's Business Advisor and Client ID will be assigned by SBDC staff.

**BUSINESS ADVISOR:** \_\_\_\_\_ **CLIENT ID:** \_\_\_\_\_