

**REQUEST FOR SERVICES – Form 641, Part I & II****CONTACT DETAIL** Type of Client: ☐ Face to Face ☐ Online ☐ TelephoneMr. **Mrs.** Ms.

First Name:		Middle Initial:	Last Name:	
E-Mail	Home #		Cell #	
Work #		Fax#		
Address				
City	State	Zip	County	

**Gender**☐ Male ☐ Female**Veteran Status**☐ Non Veteran ☐ Veteran  
☐ Service Disabled Veteran**Ethnic Group**☐ Asian  
☐ Black/ African American  
☐ Native American/Alaskan Native  
☐ Native Hawaiian/Pacific Islander  
☐ White  
☐ Hispanic Origin  
☐ Not of Hispanic Origin**Reservist Status**☐ National Guard ☐ National Guard Active Duty  
☐ Reservist ☐ Reservist Active Duty**Disabled**☐ No ☐ YesI do not wish to receive additional information regarding services or training events either by email or postal service \_\_\_\_\_  
Client Initial**SUPPLEMENTAL INFORMATION (TO BE FILLED OUT BY CONSULTANT)****Business Status**☐ Still Exploring/Planning  
☐ In Operation  
☐ Out of Business**International Trade**☐ Yes  
☐ No**Language Used**☐ English ☐ Vietnamese  
☐ Spanish  
☐ Other**How did client/contact hear about us?**

<input type="checkbox"/> Flyer	<input type="checkbox"/> College/University	<input type="checkbox"/> Training Seminar
<input type="checkbox"/> Internet	<input type="checkbox"/> Newspapers	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Other Business Owner	<input type="checkbox"/> Chamber of Commerce _____	<input type="checkbox"/> SCORE
<input type="checkbox"/> SBA	<input type="checkbox"/> Bank _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Local EDC	<input type="checkbox"/> Other SBDC _____	
<input type="checkbox"/> Client, Word-of-Mouth	<input type="checkbox"/> Media-TV/Radio	

**Referral To:**

<input type="checkbox"/> Accountant	<input type="checkbox"/> Counseling	<input type="checkbox"/> SBA
<input type="checkbox"/> Bank _____	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Other SBDC _____
<input type="checkbox"/> Business License Office	<input type="checkbox"/> International Trade Office	<input type="checkbox"/> SCORE
<input type="checkbox"/> Local EDC	<input type="checkbox"/> Legal Counselor	<input type="checkbox"/> Training Seminar _____
<input type="checkbox"/> Coop. Extension	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Other _____

**REQUEST FOR SERVICES – Form 641, Part I & II****COMPANY DETAIL**

Company Name		
E-Mail:	Work #	Fax #

**Business Certifications**

- ☐ Certified SDB or SBA 8(a) Small Business  
☐ Disadvantaged Small Business  
☐ Large  
☐ Minority Owned Small Business  
☐ Other Small Business  
☐ Woman Owned Small Business

**What is the Legal Entity of Your Business?**

- ☐ Corporation  
☐ Limited Liability  
☐ Non-Profit  
☐ Partnership  
☐ Sole Proprietorship  
☐ Sub S Corporation

**State Of Incorporation** \_\_\_\_\_**Business Type**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Mining  | <input type="checkbox"/> Manufacturing         | <input type="checkbox"/> Real Estate & Rental & Leasing   | <input type="checkbox"/> Management of Companies & Enterprises         |
| <input type="checkbox"/> Utilities                                     | <input type="checkbox"/> Finance & Insurance   | <input type="checkbox"/> Health Care & Social Assistance  | <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting      |
| <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 Services (except Public Administration) |
| <input type="checkbox"/> Professional, Scientific & Technical Services |  |   |  |

**SICs:** \_\_\_\_\_**NAICS** \_\_\_\_\_**Business Ownership (company gender)**

- ☐ Male  
☐ Female (> 50% Woman Owned)  
☐ Male/Female

**Company Status**

- ☐ Pre-Venture/ Nascent  
☐ Startup (Less than 12 mos.)  
☐ In Business (More than 12 mo.)

**Employees**

# Full Time: \_\_\_\_\_

# Part Time: \_\_\_\_\_

**Company Veteran**

- ☐ Service Disabled Veteran  
☐ Veteran  
☐ Non Veteran

**Date Established (month & year)**

\_\_\_\_\_

**Annual Revenues**

(for most recent full business year)

\$ \_\_\_\_\_

**Do You Conduct Business online?**

- ☐ Yes ☐ No

**Is this a home based business?**

- ☐ Yes ☐ No

Company Address:			
City	State	Zip	County
Website Address:			

**Product Description:**


---



---

**REQUEST FOR SERVICES – Form 641, Part I & II**

*I request business management assistance from the Small Business Administration (SBA)/Small Business Development Center (SBDC) and agree to cooperate should I be selected to participate in surveys designed to evaluate SBA/SBDC assistance services. I authorize the SBA/SBDC to furnish relevant information to the assigned management counselor(s), although I expect that information to be held in strict confidence by him/her.*

*I further understand that all counselors have agreed not to recommend goods or services from sources in which they have an interest. SBA/SBDC will not accept fees or commissions developing from this counseling relationship. By my signature below, and in consideration of the center's furnishing of management or technical assistance, I waive all claims against SBA, SCORE, Long Beach Community College District, SBDC and its host organization.*

*I understand that there are no warranties or assurances in connection with the counseling assistance.*

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date