

REQUEST FOR SERVICES – Form 641, Part I &II

CONTACT DETAIL Type of Client: Face to Face Online Telephone

Mr. 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 Yes

I 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 | |

| | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Other SBDC _____ | <input type="checkbox"/> SCORE | <input type="checkbox"/> Training Seminar _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Yellow Pages |

Referral To:

Accountant
 Bank _____
 Business License Office
 Local EDC
 Coop. Extension

Counseling
 Government Agency
 International Trade Office
 Legal Counselor
 Chamber of Commerce

SBA
 Other SBDC _____
 SCORE
 Training Seminar _____
 Other _____

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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:

| |
|--|
| |
|--|

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I request business management assistance from the Small Business Administration (SBA)/Small Business Development Center (SBDC) LOS ANGELES NETWORK cooperative 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