

EL PASO COMMUNITY COLLEGE

## Client Intake Form South-West Texas Border Network Small Business Development Centers



Contact Name (Last, First, MI of the person completing the form/representing the business)				Email Check here if you DO NOT want to receive emails from SBDC [ ]			
Mailing Address (give business address if currently in business)				City, State, Zip Code (+4 if known)			
Work Phone				Cell Phone			
Race (mark one or more)         Asian       Instive Hawaiian or Other Pacific Islander         Black or African American       White/Caucasian         Native American or Alaska Native			lander	Ethnicity  Hispanic or Latino Not Hispanic or Latino	Gender Male Femal		Do you consider yourself a person with a disability?
Military/Veteran Status         None       Military Spouse         Choose Not To Respond       Active Duty         Non-Veteran       National Guard         Service-Disabled Veteran       National Guard – Active Duty         Veteran or Retiree       Reservist         Reservist – Active Duty         What area(s) of business would you like to explore with your SBDC Business Advisor?				How did you hear about us?         (Please mark all that apply)       Lender         SBDC Client       Facebook         Word of Mouth       Twitter         College/University       PTAC         SBA Website or District Office       VBOC         Chamber of Commerce       Other:			
Are you currently in business? YES Please indicate month/year established: NO (Please skip shaded area & sign form at bottom)							
Company Name:       (If address of the business is different than above, please indicate below)         Street:       City, State, Zip (+4 if known)							
Street:       City, State, Zip (+4 if known)         Type of Business       Manufacturing         Wholesale       Construction         Retail       Service         Other:       Other:         NAICS Code(s):							
Business Ownership What is the gender of <u>business</u> ownership?		Do you conduct business online?	busines			🗆 No	SBA Relationship Applicant Borrower COC Procurement Assistance
Total # Employees: Full-time Part-time	For your most recent full business year, what were your Gross Revenues (Sales)? \$		What is the legal entity of your I         Sole Proprietorship         S-Corporation         Corporation         Other:		ousiness?		
Are you currently exporting?       Yes. Please list the countries below or check Appendix A.       No       Not yet, but I'm interested.         Countries:							
Irequest business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should 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 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. Use of Information: The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to their notice of award. I self-client <b>Signature: Date:</b>							
For Internal Use - <b>Primary Advisor:</b>				Client ID: Initial Client Session Type:			
Alumni (of host institution) SBIR/STTR 8 M Woman-Owned Small Bu Shale Gas/Oil Play		Zone owerment Zone ortunity Zone	☐ Gro ☐ Ama ☐ Colo		☐ Face-To-I ☐ Online ☐ Phone	-aC <del>C</del>	