

REQUEST FOR COUNSELING

Client # _____

Please Print Clearly

Name	Name of Business (only if currently in business)	Position
E-mail:	Work Telephone () - () - () -	Home Telephone () - () - () -
Mailing Address	City	State ZIP Code County

Are you in Business? Yes No

***Complete this section only if currently in business:

Business Address (if different from above)	City	State	ZIP Code	County
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Business Type	Organization Type	
<input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Construction <input type="checkbox"/> Service <input type="checkbox"/> Research/Development <input type="checkbox"/> Retail <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Wholesale	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Non-profit Org. <input type="checkbox"/> Sub S Corporation	

Is this a Home-based Business? Yes No **SS# or Federal ID#** _____

Describe your business product or service: _____

Business Established ____ / ____ / ____	Annual Sales (optional)	Number of Employees (Including self-employed)
	<input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$500,001- \$1,000,000 <input type="checkbox"/> \$100,001- \$200,000 <input type="checkbox"/> \$1,000,001- \$2,500,000 <input type="checkbox"/> \$200,001- \$500,000 <input type="checkbox"/> Over \$2,500,000	Full time: _____ Part time: _____

Please describe how the SBDC can be of assistance: _____

Demographic Information on Inquirer (Note: Information required for statistical reports)

Race	Gender	Military Status	Age (optional)	Education (optional)
<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific <input type="checkbox"/> Black/African American <input type="checkbox"/> White Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Vietnam Veteran	<input type="checkbox"/> Under 21 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51+ years	<input type="checkbox"/> Some high school <input type="checkbox"/> High school/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Some Graduate <input type="checkbox"/> Graduate Degree

Miscellaneous	How did you hear about the SBDC?		
<input type="checkbox"/> Received Aid to Families with Dependent Children (AFDC)? <input type="checkbox"/> Received Temporary Assistance for Needy Families (TANF)?	<input type="checkbox"/> Accountant <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Bank <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Client / Word-of-Mouth <input type="checkbox"/> College/University <input type="checkbox"/> Government Agency	<input type="checkbox"/> Faculty <input type="checkbox"/> Legal Counselor <input type="checkbox"/> Econ. Development <input type="checkbox"/> TV/Radio <input type="checkbox"/> Network Agency <input type="checkbox"/> Newspapers <input type="checkbox"/> SBA	<input type="checkbox"/> other SBDC <input type="checkbox"/> SCORE <input type="checkbox"/> Training Seminar <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other

I request business management assistance from the Small Business Development Center - Western Region, Inc. I agree to cooperate should I be selected to participate in surveys designed to evaluate the Small Business Development Center - Western Region, Inc. services. I authorize the center 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 1) recommend goods or services from sources in which they have an interest, and 2) 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 the Maryland SBDC, the SBA, and The Small Business Development Center-Western Region, Inc. their personnel, host organizations and resource partner, arising from this assistance.

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

Applicant Signature	Title	Date of Signing
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