



## 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            |   |

**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 _____            |

**COMPANY DETAIL**

Company Name		
E-Mail:	Work #	Fax #

**Business Certifications**  
 Certified SDB or SBA 8(a) Small Business  
 Disadvantaged Small Business

**What is the Legal Entity of Your Business?**  
 Corporation  
 Limited Liability



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- Large
- Minority Owned Small Business
- Other Small Business
- Woman Owned Small Business

- 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 |  | <b>SICs:</b> _____  | <b>NAICS</b> _____   |

**Business Ownership** (company gender)

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

**Company Status**

- Pre-Venture/ Nascent
- Startup (Less than 6 mos.)
- In Business (More than 6 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:**

\_\_\_\_\_

I request business management assistance from the Small Business Administration (SBA)/Small Business Development Center (SBDC). I 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