REQUEST FOR SERVICES – Form 641, Part I & II

**CONTACT DETAIL**

Type of Client: [ ] Face to Face  [ ] Online  [ ] Telephone

Mr.  [ ] Mrs.  [ ] Ms.  [ ]

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>E-Mail</th>
<th>Home #</th>
<th>Cell #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Work #</th>
<th>Fax#</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**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 ____________________________

**SUPPLEMENTAL INFORMATION** *(TO BE FILLED OUT BY CONSULTANT)*

<table>
<thead>
<tr>
<th>Business Status</th>
<th>International Trade</th>
<th>Language Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still Exploring/Planning</td>
<td>[ ] Yes</td>
<td>[ ] English</td>
</tr>
<tr>
<td>In Operation</td>
<td>[ ] No</td>
<td>[ ] Spanish</td>
</tr>
<tr>
<td>Out of Business</td>
<td></td>
<td>[ ] Other</td>
</tr>
</tbody>
</table>

How did client/contact hear about us?

[ ] Flyer  [ ] College/University  [ ] Training Seminar
[ ] Internet  [ ] Newspapers  [ ] Yellow Pages
[ ] Other Business Owner  [ ] Chamber of Commerce  [ ] SCORE
[ ] SBA  [ ] Bank | Other
[ ] Local EDC  [ ] Other SBDC
[ ] Client, Word-of-Mouth  [ ] Media-TV/Radio

**Referral To:**

[ ] Accountant  [ ] Counseling  [ ] SBA
[ ] Bank  [ ] Government Agency  [ ] Other SBDC
[ ] Business License Office  [ ] International Trade Office  [ ] SCORE
[ ] Local EDC  [ ] Legal Counselor  [ ] Training Seminar
[ ] Coop. Extension  [ ] Chamber of Commerce  [ ] Other

**COMPANY DETAIL**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>E-Mail:</th>
<th>Work #</th>
<th>Fax #</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Business Certifications**

[ ] Certified SDB or SBA 8(a) Small Business  [ ] Corporation
[ ] Disadvantaged Small Business  [ ] Limited Liability

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

[ ] Corporation  [ ] Limited Liability

LasBDC Revised 1/22/2006
REQUEST FOR SERVICES – Form 641, Part I & II

- Large
- Minority Owned Small Business
- Other Small Business
- Woman Owned Small Business
- Non-Profit
- Partnership
- Sole Proprietorship
- Sub S Corporation

**State Of Incorporation**

<table>
<thead>
<tr>
<th>Business Type</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Mining</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
</tr>
<tr>
<td>Information</td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td></td>
</tr>
<tr>
<td>Retail Trade</td>
<td></td>
</tr>
<tr>
<td>Professional, Scientific &amp; Technical Services</td>
<td></td>
</tr>
</tbody>
</table>

**Business Ownership (company gender)**

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

**Company Veteran**

- Service Disabled Veteran
- Veteran
- Non Veteran

**Company Status**

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

**Company Status**

- Employees
  - # Full Time: ______
  - # Part Time: ______

**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