



Client Name (Name of person completing this form/representative of the business) (First Last)	Business Website
Position/Title (if already in business)	Business Telephone
Business Name (if already in business)	Home Telephone
Street Address/PO Box (give business address if currently in business)	Cell/Other Telephone
City State Zip	Fax
E-mail Address	Business Description/Type

DEMOGRAPHIC INFORMATION

Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran
		Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty

BUSINESS DATA

Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to next section)	When did your business start? Mo.: _____ Yr.: _____	What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____	Does the business currently export? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	What percentage of the business is female owned? _____%	Number of employees: Full Time: _____ Part Time: _____	For your most recent full business year: Gross Revenues / Sales \$ _____

ASSISTANCE REQUESTED

Describe specific assistance requested:
How did you hear about the ASBTDC? (SBA, bank, former client, Internet, etc.)

I request business consulting service from the Arkansas Small Business and Technology Development Center (ASBTDC). I agree to participate in surveys conducted by ASBTDC or SBA designed to evaluate ASBTDC services and economic impact. I Agree

I permit ASBTDC or its agent the use of my name and address to survey me regarding ASBTDC services that I will receive. (Yes No)

I understand and agree that my consultant may have communications on my behalf with bankers, accountants, and other professional service providers. (Yes No)

I understand that any information disclosed will be held in strict confidence. I authorize ASBTDC to furnish relevant information to the assigned management consultant(s). ASBTDC may provide unidentifiable, aggregate company data to affiliated university researchers. I further understand that the consultant(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 consulting relationship. In consideration of the consultant(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of ASBTDC and host organizations, arising from this assistance. I certify that neither my firm nor I are currently suspended or debarred by a federal agency.

Client Signature _____ **Date:** _____