



**Alabama SBDC Network**  
**Company Information Form**  
*Alabama International Trade Center*



Client Number: _____
Location Code: _____
Initials of Data Inputter: _____

1. Name of the Office Providing the Service \_\_\_\_\_ 1a. Type of Client:  Face to Face  Online  Telephone  
 2. City/State of Office Location \_\_\_\_\_

What is your **NAICS** Code?

**PART I: Client Request for Counseling**

<b>3. Client Name</b> (Name of the person completing the form/representative of the business) (Last, First, MI)		<b>4. Email:</b> <b>Website:</b>	
<b>5. Telephone</b> Primary _____ Secondary _____		<b>6. Fax</b>	
<b>7. Street Address/PO Box</b> (give business address if currently in business)	<b>8. City</b>	<b>County</b>	<b>9. State</b>
			<b>10. Zip</b> +4
<p><b>11.</b> I request business advising service from the Alabama SBDC Network or an SBA Resource Partner. I agree to cooperate should I 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 <input type="checkbox"/> No <input type="checkbox"/>). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management advisor(s). I further understand that the advisor(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 advising relationship. In consideration of the advisor(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. I self-certify that neither I nor my company have been suspended or debarred by a Federal Agency. Please note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416. PLEASE DO NOT SEND FORMS TO OMB.</p>			
<b>12. Preferred date &amp; time for appointment</b> Date: _____ Time: _____	<b>13. Client Signature</b>  <p align="center">PLEASE SIGN HERE</p>		<b>Date:</b> _____

**PART II: Client Intake (to be completed by all Clients)**

<b>14. Race</b> (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		<b>15. Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>16. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>17. Do you consider yourself a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>18. Veteran Status</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran		<b>18a. Military Status</b> <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty		
<b>19. Referred by?</b> (Mark all that apply) <b>Have you already spoken with an ASBDC Business Advisor?</b> Name: _____				
<input type="checkbox"/> SBA District <input type="checkbox"/> SBDC <input type="checkbox"/> Other Client		<input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> Lender <input type="checkbox"/> USFAC <input type="checkbox"/> Educational Institution		<input type="checkbox"/> Word of Mouth		
<input type="checkbox"/> Business Owner <input type="checkbox"/> SCORE <input type="checkbox"/> Local Economic Development Official		<input type="checkbox"/> Television/Radio		
<input type="checkbox"/> SBA Website <input type="checkbox"/> WBC <input type="checkbox"/> Chamber of Commerce		<input type="checkbox"/> Internet (please indicate website) _____		
<b>20a. Are you currently in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)		<b>20b. If yes, are you currently exporting?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to 20b, please let your advisor know which countries, and ask to talk with an international trade specialist.		
<b>21. Name of Business</b>				
<b>22. Type of Business</b> (choose primary category)				
<input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing		<input type="checkbox"/> Professional, Scientific & Technical Services		
<input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance		<input type="checkbox"/> Management of Companies & Enterprises		
<input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services		<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting		
<input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation		<input type="checkbox"/> Administrative & Support		
<input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing		<input type="checkbox"/> Waste Management & Remediation Services		
<input type="checkbox"/> Other Services (except Public Administration)				
<b>23. Business Ownership</b> – What percentage of your business is male or female owned? _____ % Male _____ % Female	<b>24. Date Business Started?</b> (MM/YYYY)	<b>25. Do you conduct business online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>26. Are you a home based business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>26a. Are you 8(a) certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>27. Total No. of Employees</b> (Full & PT) _____ <b>27b.</b> Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT) _____	<b>28. For your most recent full business year, what were your:</b> Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____ <b>28b. Amount of your Gross Revenue/Sales related to exporting</b> _____	<b>29. What is the legal entity of your business?</b> <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) _____		
<b>30. What is the nature of counseling you are seeking?</b> (Choose primary category)				
<input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business	<input type="checkbox"/> Human Resources/ Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/ Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning	<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> International Trade	
Describe specific assistance requested in the space provided. _____				

**Fax to the Alabama SBDC Network 205-348-6974 OR e-mail to ASBDC@UA.edu**