



REI WBC Client Intake Form U.S. Small Business Administration 641 Counseling and Training Information Form

Name of office providing the service: City / State of Office Location:	Name of office providing the service: City / State of Office Location:			Type of Client: ☐ Face to face ☐ Online ☐ Telephone					
General Information									
As part of our reporting requirements to funders cooperation in filling out the form								nges. Your	
Today's Date: / /									
Last Name:	First Name:				Birth Date: / /				
Mailing Address:		City:		State:	Zip:		County;		
Home Phone: () Mobile:	()	Wo	rk Phone: ()	l.	Fax: ()		
Email:									
What services did you come in for today? (Choose p	orimary category)							
□Start-Up Assistance – (How do I start a small business?) Resources/Managing Employees			☐ Marketing / Sales (promotion, market research, pricing, etc.) ☐ Buying / Selling a Business						
□ Business Plan □ Customer Relations □ e-Commerce (using the applying for a loan, building equity capital) □ Technology / Compute □ Business Accounting / Budget □ International Trade		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			g 🗆 in	☐ Franchising ☐ Legal Issues (such as, should I incorporate?) ☐ Cash Flow Management			
Describe specific assistance requested:									
What prompted you to contact us? (select all that a	pply)								
□SBA District Office □SBA Website □Lender □Local Economic Development Official □VBOC □Business Owner □Educational Institution □Word of Mouth □Chamber of Commerce □Boots to Business							3usiness		
☐Television/Radio ☐Internet	■Newspap	er	☐Social M	ledia					
☐Other (please specify):									
Demographic Information									
Race (check one):	Alaska Native	☐ Asia	n 🖵 Black	or African A	meri	can 🗖 Na	ative		
Hawaiian/Pacific Islander White									
Gender: Female Male Disable	d: ☐ Yes ☐	No Eth	nnicity: 🗖 H	lispanic or La	atino	☐ Not Hi	ispanic or	Latino	
Military Status (check <u>one</u>): ☐ Non-Military, Reserve, or ☐ Member of the Reserve ☐ Active Duty ☐ Member of Reserve or National Guard National Guard Service ☐ Veteran ☐ Service-Disabled Veteran ☐ Spouse of Military Member									
Household Size (including yourself):				,		,			
Employment, Income and Benefits Information	n								
	orking for somed	one else	☐ Not employ	yed (whether s	seekin	g or not seek	ing employr	ment)	
Business Information Which of the following BEST describes your current I □ Pre-business (no sales) with □ one OR □ mu □ Start-up (in business less than 1 year with sales) □ Ongoing (in business more than 1 year with sales)	ıltiple business i	dea(s)							
							Cont	inued on back	

First Name		Last Name								
Business Name:										
Business Address:	same as home address or:									
Address:		City:			State:	Zip:				
Business Phone:	В	usiness Fax:		DUN	IS #:					
Email:			Website:							
Type of Business (choose primary category) Construction Information Informati										
		1			1					
Month and Year Business Started:	Business Ownership: What percentage of your business is	☐ Full-time☐ Part-time		Do you conduct business	Are you a business?	home-based	Are you 8(a) certified?			
/	male or female ownership?% Female% Male			online?	☐ Yes ☐ No		☐ Yes ☐ No			
		☐ Seasonal		☐ Yes ☐ No						
# employees besides y	ourself:Full-time	Part-time	Seasonal	# engaged in expo	rting:	_				
# contractors besides y	ourself:Full-time	Part-time	_Seasonal	# engaged in expor	rting:	-				
For your last 12 mon	iths in business, what were yo	ur:								
Gross Revenue / Sales: \$ Profits (+) / Losses (-): \$ Sales related to exporting: \$										
For your last 12 months in business, what were your:										
# of New Employees # of Employees Retained Decrease in Employees										
Business legal struct	ure: Sole Proprietorship	☐ Corporation	☐ LLC	☐ S-Corporation	☐ Partne	ership				
□ Other:										
Business Description:										
Request for Counsel	ing / Signature (for counseling	clients only)								
Client Signature:						Date:				