

International Trade Center

Providing Value. Delivering Results. Globally

Counseling Request Form SBA Form 641

www.texasrade.org

Primary Consultant Name: (office use only) _____ TIER: (office use only) _____

Part I: Contact Information

First Name:		MI:	Last Name:	
E-mail Address:				
Position: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> Employee <input type="checkbox"/> Representative <input type="checkbox"/> Other:				
Work Phone:		Home Phone:		
Fax Phone:		Cell Phone:		
Mailing Address:				
City:		State:	Zip Code:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Other:	
Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran		
Reservist Status: <input type="checkbox"/> National Guard <input type="checkbox"/> Reservist		<input type="checkbox"/> On Active duty <input type="checkbox"/> None	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II: Company Information

Company Name:		Website:		
Status: <input type="checkbox"/> Not-In-Business <input type="checkbox"/> Starting a New Business <input type="checkbox"/> In-Business	Date Established: (MM/DD/YY)			
Ownership: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female	Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Not-Veteran			
Business Type: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Agriculture <input type="checkbox"/> Service Establishment <input type="checkbox"/> Other:				
Organization Type: <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:				
International Activity: <input type="checkbox"/> Export <input type="checkbox"/> Import <input type="checkbox"/> Both		List Countries:		
Physical Address:				
City:		State:	Zip Code:	
# of Employees: Full Time: _____ Part Time: _____	Description of products/services:			
NAICSs:				
SBA Relationship: <input type="checkbox"/> Borrower <input type="checkbox"/> 8(a) Program <input type="checkbox"/> Applicant <input type="checkbox"/> Surety Bond <input type="checkbox"/> COC <input type="checkbox"/> None <input type="checkbox"/> Other:				
Referral from: <input type="checkbox"/> SBA <input type="checkbox"/> Website <input type="checkbox"/> Media-TV/Radio <input type="checkbox"/> COC <input type="checkbox"/> Seminar <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other:				
Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I request business counseling service from the Small Business Administration (SBA) 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 No). 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 counselor(s). I further understand that the counselor(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 counseling relationship. In consideration of the counselor(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. Please note: The estimated burden for completing this form is 3 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, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.

Client Signature: _____ Date: _____