

Advising Request Form SBA Form 641

Primary Advisor: (office use only)

Tier: (office use only)

Part 1 Contact Information

First Name:		MI:	Last Name:
Email 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:		Mobile Phone:	
Mailing Address:			
City:		State:	Zip Code:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other:	
Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Non-Veteran	
Military Status: <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Active Duty <input type="checkbox"/> None			Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2 Company Information

Company Name:		Website:	
Status: <input type="checkbox"/> Not-In-Business <input type="checkbox"/> Starting New Business <input type="checkbox"/> In-Business		Date Established (MM/DD/YY):	
Ownership: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female/Male		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:			
Current International Activity: <input type="checkbox"/> Export <input type="checkbox"/> Import <input type="checkbox"/> None		List Countries:	
Physical Address:			
City:		State:	Zip Code:
# Employees: Full Time: Part Time:		Description of Services/Product:	
NAICs:			
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"/> AEM <input type="checkbox"/> USEAC <input type="checkbox"/> Website <input type="checkbox"/> Media <input type="checkbox"/> Training <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other:			
Do you conduct your business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like your company to be added onto SBDCGlobal.com? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I request business-advising 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 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. 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: US 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: