



Michigan Small Business & Technology Development Center

U.S. Small Business Administration - Request for Counseling (SF 641)

Contact Information

Center - Customer No.:

Customer Name	Business Phone	Office Use:
		Lead Cnslr:
Position or Title (Owner, Manager, etc.)	Fascimile (Fax)	<input type="checkbox"/> No Mailings (from SBTDC)
Business Name (leave blank if none)	Home or Cell Phone	<input type="checkbox"/> No E-Mails (for SBTDC events)
Address	E-Mail Address	<input type="checkbox"/> No Public Release (to private 3rd parties if they request)
City, State & Zip (plus 4)	Web Site & Business Description	
<input type="checkbox"/> USA		

Customer Information

Race (Please Choose One)	Ethnicity	Disability	Veterans Status
<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other Race <input type="checkbox"/> White <input type="checkbox"/> No Response <input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic/Latino Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Disabled Individual Business Owner <input type="checkbox"/> Business Owner	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service Connected Dsblld <input type="checkbox"/> Disabled Veteran

Business Information

If you are the lead representative of your business concern/venture, please provide the following information about your business:			
Are you currently In-Business?	Female Ownership Percent (0 - 100%)	Current Client Status (Check all that apply)	
<input type="checkbox"/> Yes	%	<input type="checkbox"/> SBA Borrower	
<i>If Yes, Start Date:</i>		<input type="checkbox"/> SBA Applicant	
<input type="checkbox"/> Business is Home Based	Employees	<input type="checkbox"/> SBA Surety Bond	
<input type="checkbox"/> On-Line Business is Conducted	Number: \$	<input type="checkbox"/> 8(a) Certified	
Business Type (Please Choose One)	NAICS (if known)	<input type="checkbox"/> COC	
<input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale <input type="checkbox"/> Other	Code: Code:	<input type="checkbox"/> Import/Exporter	
Business Organization (Please Choose One)	<input type="checkbox"/> MBE Certified		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Undecided <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	<input type="checkbox"/> HubZone		
		<input type="checkbox"/> Not a Small Business	
		<input type="checkbox"/> BRC	
		<input type="checkbox"/> State Defined	

Disclaimer & Signature

Client Release	
<p>I request business management counseling from the Small Business Administration resource partner, the MI-SBTDC. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA or SBTDC assistance services. I understand that any information received by an MI-SBTDC resource counselor will be held in strict confidence by the counselor to the extent allowable by law.</p>	<p>I further understand that any counselor has agreed: (1) not to recommend goods or services from sources in which he/she has an interest, nor (2) accept fees or commissions developing from this relationship. In consideration of SBA's furnishing management or technical assistance, I agree to waive all claims against SBA personnel, SBTDC and its host organizations, SBI, and other SBA Resource Counselors arising from this assistance.</p>
Signature of Lead Representative / Owner	Date of Signature
Sign Here:	Date: