

Company Name		Client Name _____			
E-mail address		Telephone Numbers		Are you the Business Owner?	
Website address		Phone (____) _____ - _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address		City		State	
		ZIP		County	
Ownership Gender		Current or Proposed Business Type (check ONE)			Current Status
<input type="checkbox"/> Male <input type="checkbox"/> Male/Female Team <input type="checkbox"/> Female % Male ownership _____ % Female ownership _____		<input type="checkbox"/> Construction <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Research/Development <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale			<input type="checkbox"/> Pre-venture <input type="checkbox"/> In Business
Race		Military Status		Business Classification (check ONE)	
<input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam-era Vet <input type="checkbox"/> Disabled Vet <input type="checkbox"/> Disabled Vietnam Vet <input type="checkbox"/> Service-disabled Vet		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Disadvantaged SBA 8(a) Small <input type="checkbox"/> Woman Owned (51% ownership) <input type="checkbox"/> Minority Owned (51% ownership) <input type="checkbox"/> Unknown	
Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No				Average annual receipts for last 3 years: Gross revenues/sales \$ _____ Profits (losses) \$ _____	
What date did your business start? ____/____/____		# of employees (full and part time, include yourself) Full time _____ Part time _____		NAICS Code(s)	
Product/Service Description: (describe your business product or service)					
How did you learn of our services?				What is the legal entity of your business?	
<input type="checkbox"/> Accountant/attorney <input type="checkbox"/> Direct mail <input type="checkbox"/> Internet <input type="checkbox"/> Bank, Lender <input type="checkbox"/> Email <input type="checkbox"/> Past SBDC or FAST client <input type="checkbox"/> Government agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Educational Institution <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> TV/Radio <input type="checkbox"/> Newsletter <input type="checkbox"/> Other _____ <input type="checkbox"/> GSA <input type="checkbox"/> SBA				<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) _____	
				Do you export? <input type="checkbox"/> yes <input type="checkbox"/> no	
In what training topics are you most interested? (check all that interest you)					
Starting a business		Management		Financial Resources	
<input type="checkbox"/> (a) Steps to starting a business <input type="checkbox"/> (b) Evaluating your business idea <input type="checkbox"/> (c) Writing a business plan		<input type="checkbox"/> (j) Business planning <input type="checkbox"/> (k) Time management <input type="checkbox"/> (l) Leadership/management skills <input type="checkbox"/> (m) Accounting software <input type="checkbox"/> (n) Financial statements <input type="checkbox"/> (o) Human resource management <input type="checkbox"/> (p) Managing receivables		<input type="checkbox"/> (s) SBIR/STTR awards <input type="checkbox"/> (t) Seed and venture capital <input type="checkbox"/> (u) Debt Financing	
Marketing		Career Development		Government Procurement	
<input type="checkbox"/> (d) Marketing research <input type="checkbox"/> (e) Customer service <input type="checkbox"/> (f) Advertising and promotion <input type="checkbox"/> (g) Pricing <input type="checkbox"/> (h) International trade <input type="checkbox"/> (i) Commercialization of intellectual property <input type="checkbox"/> Other _____		<input type="checkbox"/> (q) Resume preparation <input type="checkbox"/> (r) Interviewing skills		<input type="checkbox"/> (v) How to market to the government <input type="checkbox"/> (w) Bid Preparation <input type="checkbox"/> (x) Representations & Certifications <input type="checkbox"/> (y) Registrations <input type="checkbox"/> (z) Certifications <input type="checkbox"/> (aa) GSA federal supply schedule	
<p>The estimated time to complete this form is three minutes.</p> <p>I request assistance from MO PTAC. I understand surveys will be requested to determine the impact of and improve PTAC services. I authorize the provider(s) to furnish information to the assigned counselor(s) although I expect it to be held in strict confidence to the extent allowable by law.</p> <p>I also understand that any confidential information I provide will remain the property of the client and be kept confidential and used only for the purposes of providing assistance and informing you about and improving PTAC client services. Aggregated data (that does not identify the client) will be reported to funders.</p> <p style="text-align: right;">I further understand that all counselors have agreed not to recommend goods or services from sources in which he/she has a personal interest. In consideration of receiving assistance, I waive all claims against MO PTAC and their host organizations and other resource counselors arising from this assistance.</p> <p>Signature of Client _____</p> <p>Date _____</p>					