

**Minority Business Enterprise Center™ at Community Capital Development
NEW CLIENT REQUEST FOR COUNSELING**

Services offered through the Minority Business Enterprise Center™ (MBEC) are fee based. If you are requesting services and understand that you/ your company will be charged for assistance received, please complete the form below and sign.

Primary Contact _____
First Name Last Name

Company _____

Address _____ **City/State/Zip** _____

Telephones office (____) _____ cellular (____) _____ home (____) _____

Email _____ **Website** _____

Gender: Male Jointly Owned Female
Military Status: Non-Veteran Service Disabled Veteran
 Veteran Disabled Veteran

Ethnic Background: American Indian or Alaskan Native Asian Black or African American
 Hawaiian Pacific Islander Hispanic Origin White

Referred by: Please Check **ONE** of the following

- | | | |
|---|--|--|
| <input type="checkbox"/> MBEC™ Consultant | <input type="checkbox"/> US Dept. of Commerce | <input type="checkbox"/> Technology Development Org. |
| <input type="checkbox"/> CCD Representative | <input type="checkbox"/> City/County Government | <input type="checkbox"/> ADO/Team Washington |
| <input type="checkbox"/> WBC | <input type="checkbox"/> EDC/EDD | <input type="checkbox"/> SBIR |
| <input type="checkbox"/> WSBDC Website | <input type="checkbox"/> District BDC Contact | <input type="checkbox"/> Community College |
| <input type="checkbox"/> SBDC | <input type="checkbox"/> Port District | <input type="checkbox"/> Friend or Colleague |
| <input type="checkbox"/> SBDC Client | <input type="checkbox"/> State Government-Other | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Loan Officer | <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> SBA | <input type="checkbox"/> Business Service Professional | <input type="checkbox"/> Media Advertisement |
| <input type="checkbox"/> SCORE | <input type="checkbox"/> Business Trade Assoc. | <input type="checkbox"/> Other Internet Site |
| <input type="checkbox"/> Local SBDC Website | <input type="checkbox"/> Business License Center | <input type="checkbox"/> Other/Unknown |
| <input type="checkbox"/> CTED/BAC | <input type="checkbox"/> Training Program | _____ |
| <input type="checkbox"/> Financial Institution (Bank) | <input type="checkbox"/> Co-Op Extension | |

Client Contact Influenced by:

MBEC Story in _____ (type of publication – magazine, TV, etc)
 Advertisement in _____
 Presentation by _____

Organizational Type: Sole Proprietor Partnership Corporation
 Co-op LLC Other/Unknown

Business Type: Retail Service Wholesale Other
 Manufacturing Construction Agriculture _____

Business Description _____

Business Status: Pre-Venture Expansion Stabilization

Area of Counseling Requested: (Choose all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Accounting and Records | <input type="checkbox"/> Export Assistance |
| <input type="checkbox"/> Marketing Plan | <input type="checkbox"/> Inventory Control | <input type="checkbox"/> Business Liquidation/ Sale |
| <input type="checkbox"/> Financial Analysis/ Cost Accounting | <input type="checkbox"/> Engineering, R & D | <input type="checkbox"/> Technology (includes E-Com./ E. Bus) |
| <input type="checkbox"/> Business Start-up | <input type="checkbox"/> Personnel | <input type="checkbox"/> Loan Pre-Qual |
| <input type="checkbox"/> Marketing/ Sales Assistance | <input type="checkbox"/> Computer Systems | <input type="checkbox"/> Bus. Acquisition |
| | <input type="checkbox"/> Sources of Capital | <input type="checkbox"/> Government Procurement |

BUSINESS SNAPSHOT

Year Business Started _____ Annualized Sales _____ Last Year's Export Sales (if applicable) _____
 Full Time Employees _____ P/T Employees _____

I request business management counseling from the Seattle MBEC™. I agree to cooperate should I be selected to participate in surveys designed to evaluate MBEC™ assistance services. I authorize MBEC™ to furnish relevant information to the assigned management counselor(s) although I expect that information be kept **strictly confidential** by the organization.

I further understand that counselors have agreed (1) not to recommend goods or services from sources in which he/she has an interest and (2) I understand that fees charged by the counselor are based on the gross revenues of the business for which services are provided. In consideration of MBEC™'s furnishing management or technical assistance, I waive all claims against MBEC™ personnel and its host organization, CCD, and other MBEC™ Resource Counselors arising from this assistance.

SIGNATURE	TITLE OF REQUESTOR	DATE
SIGNATURE	TITLE OF REQUESTOR	DATE