

CLIENT INTAKE FORM

PART A: Basic Client Information		
First Name:	Last Name:	
Title:	Email Address:	Phone/Mobile Number:
PART B: Business Information		
Business Name:	Business Phone Number:	Business Website:
Business Address:		
Business Location Status:		
<input type="checkbox"/> Rural Community	<input type="checkbox"/> Low Wealth Community	
<input type="checkbox"/> Disaster Impacted Community	<input type="checkbox"/> None of the Above	
Business Operation: <i>(Make a Selection)</i>	Business Start Date: <i>(MM/DD/YYYY)</i>	Annual Revenue:
<input type="checkbox"/> Startup	Organization Type:	<input type="checkbox"/> No Revenue
<input type="checkbox"/> Pre-Launch	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> \$1,000 - \$100K
<input type="checkbox"/> Part-Time Operation	<input type="checkbox"/> Partnership	<input type="checkbox"/> \$100K - \$500K
<input type="checkbox"/> Full-Time Operation	<input type="checkbox"/> LLC	<input type="checkbox"/> \$500K - \$1M
	<input type="checkbox"/> Corporation	<input type="checkbox"/> \$1M - \$5M
<input type="checkbox"/> Greater than \$5M		
Number of Full-Time Employees:	Number of Part-Time Employees:	
Business Industry <i>(Check All That Apply):</i>		
<input type="checkbox"/> Advertising / Marketing	<input type="checkbox"/> Human Resources	
<input type="checkbox"/> Art, Media, and Publications	<input type="checkbox"/> Insurance	
<input type="checkbox"/> Automotive	<input type="checkbox"/> Law	
<input type="checkbox"/> Communications	<input type="checkbox"/> Leisure	
<input type="checkbox"/> Construction	<input type="checkbox"/> Non-Profit	
<input type="checkbox"/> Consulting	<input type="checkbox"/> Professional Services	
<input type="checkbox"/> Education	<input type="checkbox"/> Real Estate	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Retail	
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Technology	
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Telecommunications	
<input type="checkbox"/> Food and Beverage	<input type="checkbox"/> Utility / Public	
<input type="checkbox"/> Health and Wellness	<input type="checkbox"/> Other:	

PART C: Additional Information			
Minority-Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, then select: <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> African American / Black <input type="checkbox"/> Hispanic American / Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native / Hawaiian / Pacific Islander </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Hasidic Jew <input type="checkbox"/> Other: <input type="checkbox"/> N/A </td> </tr> </table>	<input type="checkbox"/> African American / Black <input type="checkbox"/> Hispanic American / Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native / Hawaiian / Pacific Islander	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Hasidic Jew <input type="checkbox"/> Other: <input type="checkbox"/> N/A
<input type="checkbox"/> African American / Black <input type="checkbox"/> Hispanic American / Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native / Hawaiian / Pacific Islander	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Hasidic Jew <input type="checkbox"/> Other: <input type="checkbox"/> N/A		
Minority-Owned Certifications (Check All That Apply): <input type="checkbox"/> Minority Supplier Development Council (NMSDC) <input type="checkbox"/> 8(A) Business Development Program <input type="checkbox"/> Other: <input type="checkbox"/> N/A			
Woman-Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Woman-Owned Certifications: <input type="checkbox"/> Woman-Owned Small Business (WOSB) <input type="checkbox"/> Woman Business Enterprise National Council (WBENC)		
Veteran-Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran-Owned Certifications: <input type="checkbox"/> Veteran-Owned Small Business (VOSB) <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business (SDVOSB)		
PART D: Services Needed			
Please Select All the Services That You Are Interested in Receiving			
<input type="checkbox"/> Accounting <input type="checkbox"/> Capital / Finance Assistance <input type="checkbox"/> Business Services <input type="checkbox"/> Marketing <input type="checkbox"/> U.S. Department of Transportation-Related Assistance	<input type="checkbox"/> HR - Human Resources <input type="checkbox"/> Technology / Computers <input type="checkbox"/> Disaster Planning / Recovery <input type="checkbox"/> Other: <input type="checkbox"/> Finance <input type="checkbox"/> Marketing <input type="checkbox"/> Planning <input type="checkbox"/> Project Management <input type="checkbox"/> Other:		
<input type="checkbox"/> Accounting <input type="checkbox"/> Bidding and Estimating <input type="checkbox"/> Contract Review <input type="checkbox"/> DOT Short-Term Lending Program <input type="checkbox"/> DOT Bonding Education Program	<input type="checkbox"/> Finance <input type="checkbox"/> Marketing <input type="checkbox"/> Planning <input type="checkbox"/> Project Management <input type="checkbox"/> Other:		

PART E: Financial Questionnaire

Ownership of Business (Must Equal 100%):

Name:	Credit Score:	Ownership Percentage:

Do you have a business plan? Annual Net Operating Income:

- Yes
- No

Current Financial Institution: Annual Total Business Debt Obligations:

Has the business or its owners ever declared bankruptcy? Is the business or its owners a party to any claim or lawsuit?

- Yes
- No

- Yes
- No

Are any business assets pledged as collateral to another lender? Is the business a guarantor, endorser, or co-maker on any debts?

- Yes
- No

- Yes
- No