

Colorado Small Business Development Center Network

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

Contact Information

Center - Customer No.:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Customer Name</td></tr> <tr><td> </td></tr> <tr><td style="background-color: #cccccc;">Position or Title (Owner, Manager, etc.)</td></tr> <tr><td> </td></tr> <tr><td style="background-color: #cccccc;">Business Name (leave blank if none)</td></tr> <tr><td> </td></tr> <tr><td style="background-color: #cccccc;">Address</td></tr> <tr><td> </td></tr> <tr><td style="background-color: #cccccc;">City, State & Zip (plus 4)</td></tr> <tr><td> </td></tr> <tr><td><input type="checkbox"/> USA</td></tr> </table>	Customer Name		Position or Title (Owner, Manager, etc.)		Business Name (leave blank if none)		Address		City, State & Zip (plus 4)		<input type="checkbox"/> USA	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc;">Business Phone</td> <td style="width: 20%;">Office Use:</td> </tr> <tr> <td> </td> <td>Lead Cnslr:</td> </tr> <tr> <td style="background-color: #cccccc;">Fascimile (Fax)</td> <td><input type="checkbox"/> No Mailings (from SBDC)</td> </tr> <tr> <td style="background-color: #cccccc;">Home or Cell Phone</td> <td><input type="checkbox"/> No E-Mails (for SBDC events)</td> </tr> <tr> <td style="background-color: #cccccc;">E-Mail Address</td> <td><input type="checkbox"/> No Public Release (to private 3rd parties if they request)</td> </tr> <tr> <td colspan="2" style="background-color: #cccccc;">Web Site & Business Description</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	Business Phone	Office Use:		Lead Cnslr:	Fascimile (Fax)	<input type="checkbox"/> No Mailings (from SBDC)	Home or Cell Phone	<input type="checkbox"/> No E-Mails (for SBDC events)	E-Mail Address	<input type="checkbox"/> No Public Release (to private 3rd parties if they request)	Web Site & Business Description			
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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 <input type="checkbox"/> Business Owner <input type="checkbox"/> Business Owner	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service Connected Dsbl'd <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:																																						
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Disclaimer & Signature

Client Release	
<p>I request business management counseling from the Small Business Administration resource partner, the Colorado Small Business Development Center Network. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA or SBDC assistance services. I understand that any information received by an SBDC 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, SBDC 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: