



REQUEST FOR COUNSELING FORM

Please fill out the form below to be contacted concerning Business Management Counseling

Date _____

Type of Action: (Select One) One Time Initial Information

NAIC Code _____

First Name _____ Last Name _____

Company Name _____

Title _____

Mailing Address _____

City _____ State _____ Zip _____

County _____

Phone (Business) _____ Phone (Cell) _____

Phone (Home) _____ Fax _____

Email _____

Best Time to Contact: Morning Afternoon Evening

I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services. I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance.

