



Client Consultation Form

\Counselor Record

Client Name (Last, First, MI)		Email	
Telephone Primary _____ Secondary _____		Fax	
Street Address /P.O. Box		City	State Zip
Currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Month & Year Business Started?	Total No. of Employees (full & PT)	As of the most recent counseling date and for the most recent business year, what are the client's annual: Gross Revenues/Sales \$ _____ +Profits/-Losses\$ _____
What was the nature of the counseling you are requesting? (choose primary category)			
<input type="checkbox"/> Start-up Assistance (How do I start a small business?)	<input type="checkbox"/> Human Resources/Managing Employees	<input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Managing a Business
<input type="checkbox"/> Financing/Capital (such as, applying for a loan, building equity capital)	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.)	<input type="checkbox"/> Business Accounting/Budget
<input type="checkbox"/> Business Plan			
Please specify other counseling provided. _____ _____			
Type of Counseling <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Telephone		Language(s) Used <input type="checkbox"/> English <input type="checkbox"/> Armenian <input type="checkbox"/> Other (Specify) _____	
History <input type="checkbox"/> New Case <input type="checkbox"/> Follow-up <input type="checkbox"/> Case Close-out <input type="checkbox"/> One Time		Date Counseled	
(Answer this question during the initial counseling session only) – Did more than one person attend the counseling session? Yes__ No__ . If yes, how many people attended the session other than the person completing the form? _____			
Counselor's Notes: 			

This form (The Client Consultation Form) is in no way an agreement between you (the client) and Small Business Community Lending. Furthermore the form mentioned above is not an application for a loan and is intended for informational purposes only.

Consulting Services Provided by Small Business Community Lending are advisory in nature only and at the sole request of you (the client). Any decision made thereafter by the client is at the clients will and in no way an influence by Small Business Community Lending.

You (the client) is here at your own will, and Small Business Community Lending does not guarantee any funding of loans. Small Business Community Lending is not a part of the U.S Small Business Administration (SBA) and is an entity on its own.

By signing this form you (the client) agree to all of the above statements.

Signature: _____	Date: _____
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