

Request for Services Form



Services (check all that apply): Consulting Lending Procurement
 Workshop: _____ (topic) ATC Expo: _____ (location)

Name Business Name

Phone Fax Email

Address City, Zip

Demographics

- Existing Business (___ Years ___ Months in Business) **skip to question 2*
 Start-up Business **proceed with questions a-e*
Check all that apply:
a. Just starting to plan the business
b. Been selling product / service for less than 6 months
c. Already established business and obtained business license
d. Previous experience either owning or managing a small business
e. Upon completing the training, will start business within:
___ 30 days ___ 60 days ___ 90 days
- Including yourself, business employs a total of _____ people.
- Business Gross Revenue: \$1M - \$5M \$250K - \$1M under \$250K
- Entrepreneur is _____% owner of the business.
- Ethnicity: Asian / Pacific Islander Black/African American Caucasian Hispanic
 Other: _____
- 51% Woman owned Veteran Disabled n/a

Office Use Only

Procurement _____
Referred to _____ Date _____
(Name, Title, Contact Info)

Contracted executed? Yes If Yes, Amount _____ No

Financing _____
Referred to _____ Date _____
(Name, Title, Contact Info)

Loan Funded? Yes If Yes, Amount _____ Loan Program _____

No If no, why? _____

Consulting _____
Consultant _____ Date _____
(Name, Title, Contact Info)

Hours _____ Subject _____

Business Grow 100 Referral? yes no