



U.S. Small Business Administration

Customer Intake Form

OMB Control Number: 3245-0324

Exp. Date: _____

* Customer Number: _____

* Location Code: _____

Asterisk (*) denotes a required field

*1. Name of the Office Providing the Service	*1a. Type of Customer <input type="checkbox"/> Face-to-face <input type="checkbox"/> Online <input type="checkbox"/> Telephone
*2. City/State of Office Location:	

Customer Information

PART I: Request for Services (To be completed by customers)

*3. Name (Name of the person completing the form/representative of the business) (Last, First, MI)				
*4. Email Address:	*5. Contact Telephone Number:			
6. Street Address/PO Box (Provide business address if currently in business)	7. City	8. State	*9. Zip	+4

***10.** I request business assistance services from the Small Business Administration (SBA) and its partners and permit SBA to use my name, business address, and email address to contact me for customer service surveys or with information mailings regarding SBA products and services. **(Confirm)**
 I understand that any information disclosed will be held in strictest confidence by SBA. I authorize SBA to share relevant information about my request with the assigned management counselor(s).

The information in this form is to be provided by individuals and businesses seeking technical assistance services from the Small Business Administration (SBA) or an SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service.

11. Preferred date & time for appointment Date: _____ Time: _____	*12. Signature _____ Date: _____
---	--

PART II: Demographics (To be completed by customers)

13. Race (Mark one or more) <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown/Not Stated	14. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown/Not Stated	15. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/Not Stated	16. Age <input type="checkbox"/> Less than 25 years of age <input type="checkbox"/> 25-35 years of age <input type="checkbox"/> 36-49 years of age <input type="checkbox"/> 50+ years of age <input type="checkbox"/> Unknown/Not Stated	17. Low-To-Moderate Income <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Not Stated
---	---	--	--	---

18. Do you consider yourself a person with a disability? Yes No Unknown/Not Stated



U.S. Small Business Administration

Customer Intake Form

OMB Control Number: 3245-0324

Exp. Date: _____

* Customer Number: _____

* Location Code: _____

<p>19. Education Level (Please check highest)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Less than High School</td> <td style="width: 50%;"><input type="checkbox"/> Master's Degree</td> </tr> <tr> <td><input type="checkbox"/> High School/GED</td> <td><input type="checkbox"/> Doctoral Degree</td> </tr> <tr> <td><input type="checkbox"/> Some College</td> <td><input type="checkbox"/> Professional Degree (MD, JD, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 2 Year College Degree</td> <td><input type="checkbox"/> Unknown/Not Stated</td> </tr> <tr> <td><input type="checkbox"/> 4 Year College Degree</td> <td></td> </tr> </table>	<input type="checkbox"/> Less than High School	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> High School/GED	<input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> Some College	<input type="checkbox"/> Professional Degree (MD, JD, etc.)	<input type="checkbox"/> 2 Year College Degree	<input type="checkbox"/> Unknown/Not Stated	<input type="checkbox"/> 4 Year College Degree		<p>20. Current Military Status (Mark one only)</p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Service-Disabled Veteran</p> <p><input type="checkbox"/> Active Duty</p> <p><input type="checkbox"/> National Guard/Reserve</p> <p><input type="checkbox"/> Non-Veteran</p> <p><input type="checkbox"/> Unknown/Not Stated</p>																		
<input type="checkbox"/> Less than High School	<input type="checkbox"/> Master's Degree																												
<input type="checkbox"/> High School/GED	<input type="checkbox"/> Doctoral Degree																												
<input type="checkbox"/> Some College	<input type="checkbox"/> Professional Degree (MD, JD, etc.)																												
<input type="checkbox"/> 2 Year College Degree	<input type="checkbox"/> Unknown/Not Stated																												
<input type="checkbox"/> 4 Year College Degree																													
<p>21. Current or Highest Military Rank</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> E1 to E5</td> <td style="width: 25%;"><input type="checkbox"/> E6 to E9</td> <td style="width: 25%;"><input type="checkbox"/> WO1 to WO5</td> <td style="width: 25%;"><input type="checkbox"/> O1 to O3</td> </tr> <tr> <td><input type="checkbox"/> O4 or above</td> <td><input type="checkbox"/> Dependent</td> <td><input type="checkbox"/> Not Applicable</td> <td><input type="checkbox"/> Unknown/Not Stated</td> </tr> </table>		<input type="checkbox"/> E1 to E5	<input type="checkbox"/> E6 to E9	<input type="checkbox"/> WO1 to WO5	<input type="checkbox"/> O1 to O3	<input type="checkbox"/> O4 or above	<input type="checkbox"/> Dependent	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown/Not Stated																				
<input type="checkbox"/> E1 to E5	<input type="checkbox"/> E6 to E9	<input type="checkbox"/> WO1 to WO5	<input type="checkbox"/> O1 to O3																										
<input type="checkbox"/> O4 or above	<input type="checkbox"/> Dependent	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown/Not Stated																										
<p>22. How did you find out about us? (Mark all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> SBA District</td> <td style="width: 25%;"><input type="checkbox"/> SBA Website</td> <td style="width: 25%;"><input type="checkbox"/> Export Import Bank</td> <td style="width: 25%;"><input type="checkbox"/> Chamber of Commerce</td> </tr> <tr> <td><input type="checkbox"/> Small Business Development Center (SBDC)</td> <td><input type="checkbox"/> Magazine/ Newspaper</td> <td><input type="checkbox"/> USEAC/SBA</td> <td><input type="checkbox"/> Transition Assistance Program</td> </tr> <tr> <td><input type="checkbox"/> Women's Business Center (WBC)</td> <td><input type="checkbox"/> Television/Radio</td> <td><input type="checkbox"/> U.S. Department of Commerce</td> <td><input type="checkbox"/> Entrepreneurship Track (Boots to Business)</td> </tr> <tr> <td><input type="checkbox"/> Veterans Business Outreach Center (VBOC)</td> <td><input type="checkbox"/> Word of Mouth</td> <td><input type="checkbox"/> Other Trade Partner</td> <td><input type="checkbox"/> FEMA</td> </tr> <tr> <td><input type="checkbox"/> SCORE</td> <td><input type="checkbox"/> Business Owner</td> <td><input type="checkbox"/> Educational Institution</td> <td><input type="checkbox"/> Local Economic Development Official</td> </tr> <tr> <td><input type="checkbox"/> Cluster</td> <td><input type="checkbox"/> Lender</td> <td><input type="checkbox"/> Other (specify): _____</td> <td><input type="checkbox"/> Other Client</td> </tr> <tr> <td><input type="checkbox"/> Internet (please indicate website) _____</td> <td><input type="checkbox"/> Emerging Leaders Initiative</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> SBA District	<input type="checkbox"/> SBA Website	<input type="checkbox"/> Export Import Bank	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Small Business Development Center (SBDC)	<input type="checkbox"/> Magazine/ Newspaper	<input type="checkbox"/> USEAC/SBA	<input type="checkbox"/> Transition Assistance Program	<input type="checkbox"/> Women's Business Center (WBC)	<input type="checkbox"/> Television/Radio	<input type="checkbox"/> U.S. Department of Commerce	<input type="checkbox"/> Entrepreneurship Track (Boots to Business)	<input type="checkbox"/> Veterans Business Outreach Center (VBOC)	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other Trade Partner	<input type="checkbox"/> FEMA	<input type="checkbox"/> SCORE	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Local Economic Development Official	<input type="checkbox"/> Cluster	<input type="checkbox"/> Lender	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other Client	<input type="checkbox"/> Internet (please indicate website) _____	<input type="checkbox"/> Emerging Leaders Initiative		
<input type="checkbox"/> SBA District	<input type="checkbox"/> SBA Website	<input type="checkbox"/> Export Import Bank	<input type="checkbox"/> Chamber of Commerce																										
<input type="checkbox"/> Small Business Development Center (SBDC)	<input type="checkbox"/> Magazine/ Newspaper	<input type="checkbox"/> USEAC/SBA	<input type="checkbox"/> Transition Assistance Program																										
<input type="checkbox"/> Women's Business Center (WBC)	<input type="checkbox"/> Television/Radio	<input type="checkbox"/> U.S. Department of Commerce	<input type="checkbox"/> Entrepreneurship Track (Boots to Business)																										
<input type="checkbox"/> Veterans Business Outreach Center (VBOC)	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other Trade Partner	<input type="checkbox"/> FEMA																										
<input type="checkbox"/> SCORE	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Local Economic Development Official																										
<input type="checkbox"/> Cluster	<input type="checkbox"/> Lender	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other Client																										
<input type="checkbox"/> Internet (please indicate website) _____	<input type="checkbox"/> Emerging Leaders Initiative																												
<p>*23a. Are you currently in business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If no, skip to 34)</p>	<p>23b. If yes, are you currently exporting?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																												
<p>If yes to 23b, please go to Appendix A on pages 8-9 to indicate the markets to which your company currently exports (mark all that apply)</p>																													
<p>24. Name of Business</p>																													
<p>25. Is your business in an urban or rural location?</p> <p style="text-align: right;"><input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Unknown/Not Stated</p>																													



U.S. Small Business Administration

Customer Intake Form

OMB Control Number: 3245-0324

Exp. Date: _____

* Customer Number: _____

* Location Code: _____

26. Type of Business (Enter 6-digit NAICS code. If you do not know the 6-digit NAICS code, write in the type of business)					
Primary 6-digit NAICS Code: _____		Primary Type of business: _____			
27. Business Ownership -What percentage of your business is male or female owned?					
		Male: _____% Female: _____%			
28. Date Business started (MM/YYYY)					
29. Do you conduct business online?					
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
30. Is your business on tribal lands?					
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
30a. Are you a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No		31a. Total No. of Employees Including yourself (Full & PT): _____			
30b. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No					
32a. For your most recent full business year, what were your:		Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____			
32b. As of the most recent full business year, how much of your Gross Revenues/Sales were related to exporting? \$ _____		32c. As of the most recent full business year, what percentage of your Gross Revenues/Sales were related to exporting? _____%			
33. What is the legal entity of your business?					
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____					
34. What is the nature of the service you are seeking? (Mark all that apply)					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Start-up-Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning <input type="checkbox"/> Marketing/Sales (Promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the internet to do business) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> Risk Management <input type="checkbox"/> Importing <input type="checkbox"/> Exporting <input type="checkbox"/> Disaster Recovery <input type="checkbox"/> Disaster Planning <input type="checkbox"/> Social Media <input type="checkbox"/> Other (specify): _____ </td> </tr> </table>			<input type="checkbox"/> Start-up-Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget	<input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning <input type="checkbox"/> Marketing/Sales (Promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the internet to do business)	<input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> Risk Management <input type="checkbox"/> Importing <input type="checkbox"/> Exporting <input type="checkbox"/> Disaster Recovery <input type="checkbox"/> Disaster Planning <input type="checkbox"/> Social Media <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Start-up-Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget	<input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning <input type="checkbox"/> Marketing/Sales (Promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the internet to do business)	<input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> Risk Management <input type="checkbox"/> Importing <input type="checkbox"/> Exporting <input type="checkbox"/> Disaster Recovery <input type="checkbox"/> Disaster Planning <input type="checkbox"/> Social Media <input type="checkbox"/> Other (specify): _____			



U.S. Small Business Administration Customer Intake Form

OMB Control Number: 3245-0324

Exp. Date: _____

* Customer Number: _____

* Location Code: _____

* Funding Source: _____

Client Services Information

PART III: Service Request (To be completed by counselor/trainer)

***35. Date of Activity** (MM/DD/YYYY)

***36. Event Type** Counseling (**Go to 37**) Training (**Go to 37**) Update (**Go to 47**)

***37. Method of Activity**

- Face-to face
- Online
- Telephone
- Prepare

***38. Session Type**

- New Case
- One Time
- Follow-up
- Case Closeout

***39. Counselor(s)/Trainer(s) Name (If multiple counselors/trainers, list lead counselor/trainer first and separate each additional counselor/trainer name by a semi-colon):**

- If Service Type (Field 36) =Counseling, Complete Part IIIA.
- If Service Type (Field 36) =Training, Complete Part IIIB.

PART IIIa: Counseling Event Specific Information (To be completed by counselor)

40. What was the nature of the counseling you provided the client? (Mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Start-up-Assistance (How do I start a small business?) | <input type="checkbox"/> Cash Flow Management | <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Tax Planning | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) | <input type="checkbox"/> Marketing/Sales (Promotion, market research, pricing, etc.) | <input type="checkbox"/> Importing |
| <input type="checkbox"/> Managing a Business | <input type="checkbox"/> Government Contracting (including certifications) | <input type="checkbox"/> Exporting |
| <input type="checkbox"/> Human Resources/Managing Employees | <input type="checkbox"/> Franchising | <input type="checkbox"/> Disaster Recovery |
| <input type="checkbox"/> Customer Relations | <input type="checkbox"/> Buy/Sell Business | <input type="checkbox"/> Disaster Planning |
| <input type="checkbox"/> Business Accounting/Budget | <input type="checkbox"/> Technology/Computers | <input type="checkbox"/> Social Media |
| | <input type="checkbox"/> eCommerce (using the internet to do business) | <input type="checkbox"/> Other (specify): _____ |

41. Initiative Supporting (Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Encore Entrepreneurship | <input type="checkbox"/> Economy, Energy and Environment |
| <input type="checkbox"/> Transition Assistance Program Entrepreneurship Track (Boots to Business) | <input type="checkbox"/> Emerging Leaders |
| <input type="checkbox"/> Affordable Care Act (ACA) | <input type="checkbox"/> Start Young |
| | <input type="checkbox"/> Clusters |
| | <input type="checkbox"/> Other (specify) _____ |

***42. Language(s) Used**

- English
- Spanish
- Other (specify) _____

***43. Contact Hours** (Total contact hours that a client received)



U.S. Small Business Administration
Customer Intake Form

OMB Control Number: 3245-0324
Exp. Date: _____

* Customer Number: _____
* Location Code: _____
* Funding Source : _____

***43b. Prep Hours** (Total amount of preparation spent by all of the counselors for a client)

43c. Travel Hours (Total amount of time it takes to travel to a client's location for counseling)

44. Did more than one counselor participate in this counseling session? Yes No
If Yes, how many counselors?

45. Counselor's Notes

If this is a subsequent visit, go to Field 47.

PART IIIb: Training Event Information (To be completed by trainer)

***46. Training Session Number**

If this is a subsequent visit, go to Field 47



U.S. Small Business Administration

Customer Intake Form

OMB Control Number: 3245-0324
Exp. Date: _____

* Customer Number: _____
* Location Code: _____
* Funding Source : _____

PART IV: Results/Outcomes (To be completed by returning Clients)

47. Were you referred to: (Mark all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Women's Business Center (WBC) | <input type="checkbox"/> SBA District Office | <input type="checkbox"/> U.S. Dept. of Agriculture |
| <input type="checkbox"/> SCORE | <input type="checkbox"/> USEAC/SBA | <input type="checkbox"/> U.S. Dept. of Commerce |
| <input type="checkbox"/> Small Business Development Center (SBDC) | <input type="checkbox"/> State Trade Agency | <input type="checkbox"/> U.S. Dept. of State |
| <input type="checkbox"/> Veterans Business Outreach Center (VBOC) | <input type="checkbox"/> Lender or Funding Source | <input type="checkbox"/> U.S. Trade and Development Agency |
| <input type="checkbox"/> Cluster | <input type="checkbox"/> Export/Import Bank | |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> OPIC | |

48. Since your last visit, did counseling/training result in the completion of a: (Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Loan Package |
| <input type="checkbox"/> Marketing Plan | <input type="checkbox"/> Other (Specify): _____ |

49. Since your last visit, did the SBA or Resource Partner Service contribute to the following:

<u>Small Business Loans/Guarantees</u>	How many?	Total Value
504 (Fixed Asset)	_____	\$ _____
7(a) (Working Capital)		
SBA Express	_____	\$ _____
Patriot Express	_____	\$ _____
Export Express	_____	\$ _____
Community Advantage	_____	\$ _____
International Trade	_____	\$ _____
Other 7(a) (Specify): _____	_____	\$ _____
Micro Loan	_____	\$ _____
Disaster	_____	\$ _____
Surety Bond	_____	\$ _____

<u>Other Financial Assistance</u>	How Many?	Total Value
Other Federal Loans	_____	\$ _____
Non-Federal Loans	_____	\$ _____
SBIR Grants	_____	\$ _____
STTR Grants	_____	\$ _____
Amount of Equity Capital Received		\$ _____



U.S. Small Business Administration

Customer Intake Form

OMB Control Number: 3245-0324
Exp. Date: _____

* Customer Number: _____
* Location Code: _____
* Funding Source: _____

Contracts/Subcontracts Received	How many?	Total Value
Federal Government	_____	\$ _____
State Government	_____	\$ _____
Local Government	_____	\$ _____
Commercial	_____	\$ _____

Certifications (Check all that apply)

8a

Woman Owned Small Business

Veteran/Service Disabled Veteran

HUBZone

Other _____ (specify, state, local, etc.)

50. As a result of the Technical Assistance service you were provided, since your last visit, did you:

a. Create any jobs? (Count self employed or sole proprietor as Yes No If so, how many? _____
one job)

b. Retain any jobs? (Count self employed or sole proprietor as Yes No If so, how many? _____
one job)

c. Experience any revenue growth? Yes No If so, how much? _____

d. Experience any revenue growth related to exporting? Yes No If so, how much? _____

e. Open a business? Yes No If so, how many? _____

f. Export for the first time? Yes No

g. If you were already exporting, how many foreign market(s) did you enter that you had not exported to in the past?



U.S. Small Business Administration

Customer Intake Form

OMB Control Number: 3245-0324

Exp. Date: _____

* Customer Number: _____

* Location Code: _____

Appendix A to Question 23b.

If your company is currently exporting, please indicate the countries to which your company exports: (Mark all that apply)

Asia	Asia	Africa	Africa	Caribbean
<input type="checkbox"/> Afghanistan <input type="checkbox"/> Bahrain <input type="checkbox"/> Bangladesh <input type="checkbox"/> Belarus <input type="checkbox"/> Bhutan <input type="checkbox"/> Brunei <input type="checkbox"/> Burma <input type="checkbox"/> Cambodia <input type="checkbox"/> China <input type="checkbox"/> East Timor <input type="checkbox"/> Georgia <input type="checkbox"/> Hong Kong <input type="checkbox"/> India <input type="checkbox"/> Indonesia <input type="checkbox"/> Iran <input type="checkbox"/> Iraq <input type="checkbox"/> Israel <input type="checkbox"/> Japan <input type="checkbox"/> Jordan <input type="checkbox"/> Kazakhstan <input type="checkbox"/> Korea, North <input type="checkbox"/> Korea, South <input type="checkbox"/> Kuwait	<input type="checkbox"/> Nepal <input type="checkbox"/> Oman <input type="checkbox"/> Pakistan <input type="checkbox"/> Philippines <input type="checkbox"/> Qatar <input type="checkbox"/> Russia <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> Singapore <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Syria <input type="checkbox"/> Tajikistan <input type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Turkey <input type="checkbox"/> Turkmenistan <input type="checkbox"/> United Arab Emirates <input type="checkbox"/> Uzbekistan <input type="checkbox"/> Vietnam <input type="checkbox"/> Yemen	<input type="checkbox"/> Algeria <input type="checkbox"/> Angola <input type="checkbox"/> Benin <input type="checkbox"/> Botswana <input type="checkbox"/> Burkina Faso <input type="checkbox"/> Burundi <input type="checkbox"/> Cameroon <input type="checkbox"/> Cape Verde <input type="checkbox"/> Central African Republic <input type="checkbox"/> Chad <input type="checkbox"/> Comoros <input type="checkbox"/> Congo <input type="checkbox"/> Democratic Republic of Congo <input type="checkbox"/> Cote d'Ivoire <input type="checkbox"/> Djibouti <input type="checkbox"/> Egypt <input type="checkbox"/> Equatorial Guinea <input type="checkbox"/> Eritrea <input type="checkbox"/> Ethiopia <input type="checkbox"/> Gabon <input type="checkbox"/> Gambia <input type="checkbox"/> Ghana <input type="checkbox"/> Guinea <input type="checkbox"/> Guinea-Bissau <input type="checkbox"/> Kenya <input type="checkbox"/> Lesotho <input type="checkbox"/> Liberia <input type="checkbox"/> Libya <input type="checkbox"/> Madagascar	<input type="checkbox"/> Malawi <input type="checkbox"/> Mali <input type="checkbox"/> Mauritania <input type="checkbox"/> Mauritius <input type="checkbox"/> Morocco <input type="checkbox"/> Mozambique <input type="checkbox"/> Namibia <input type="checkbox"/> Niger <input type="checkbox"/> Nigeria <input type="checkbox"/> Rwanda <input type="checkbox"/> Sao Tome and Principe <input type="checkbox"/> Senegal <input type="checkbox"/> Seychelles <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Somalia <input type="checkbox"/> South Africa <input type="checkbox"/> Sudan <input type="checkbox"/> Swaziland <input type="checkbox"/> Tanzania <input type="checkbox"/> Togo <input type="checkbox"/> Tunisia <input type="checkbox"/> Uganda <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe	<input type="checkbox"/> Anguilla <input type="checkbox"/> Antigua & Barbuda <input type="checkbox"/> Aruba <input type="checkbox"/> Bahamas <input type="checkbox"/> Barbados <input type="checkbox"/> Virgin Islands (British) <input type="checkbox"/> Cayman Islands <input type="checkbox"/> Cuba <input type="checkbox"/> Dominica <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Grenada <input type="checkbox"/> Haiti <input type="checkbox"/> Jamaica <input type="checkbox"/> Montserrat <input type="checkbox"/> Netherlands Antilles <input type="checkbox"/> St. Kitts and Nevis <input type="checkbox"/> St. Lucia <input type="checkbox"/> St. Vincent and Grenadines <input type="checkbox"/> Trinidad and Tobago
<input type="checkbox"/> Kyrgyzstan <input type="checkbox"/> Laos <input type="checkbox"/> Lebanon <input type="checkbox"/> Macau <input type="checkbox"/> Malaysia <input type="checkbox"/> Maldives <input type="checkbox"/> Micronesia <input type="checkbox"/> Mongolia				



U.S. Small Business Administration Customer Intake Form

OMB Control Number: 3245-0324

Exp. Date: _____

* Customer Number: _____

* Location Code: _____

Appendix A to Question 23b.

If your company is currently exporting, please indicate the countries to which your company exports: (Mark all that apply)

Central America	Europe	Europe	Oceania	Other
<input type="checkbox"/> Belize <input type="checkbox"/> Costa Rica <input type="checkbox"/> El Salvador <input type="checkbox"/> Guatemala <input type="checkbox"/> Honduras <input type="checkbox"/> Nicaragua <input type="checkbox"/> Panama	<input type="checkbox"/> Greece <input type="checkbox"/> Hungary <input type="checkbox"/> Iceland <input type="checkbox"/> Ireland <input type="checkbox"/> Italy <input type="checkbox"/> Latvia <input type="checkbox"/> Liechtenstein <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Macedonia <input type="checkbox"/> Malta <input type="checkbox"/> Moldova <input type="checkbox"/> Monaco <input type="checkbox"/> Montenegro <input type="checkbox"/> Netherlands <input type="checkbox"/> Norway <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Serbia <input type="checkbox"/> Slovak Republic <input type="checkbox"/> Slovenia <input type="checkbox"/> Spain <input type="checkbox"/> Sweden <input type="checkbox"/> Switzerland	<input type="checkbox"/> Turkey <input type="checkbox"/> Ukraine <input type="checkbox"/> United Kingdom <input type="checkbox"/> Vatican City <p style="text-align: center;">North America</p> <input type="checkbox"/> Bermuda <input type="checkbox"/> Mexico <input type="checkbox"/> Canada <p style="text-align: center;">South America</p> <input type="checkbox"/> Argentina <input type="checkbox"/> Bolivia <input type="checkbox"/> Brazil <input type="checkbox"/> Chile <input type="checkbox"/> Colombia <input type="checkbox"/> Ecuador <input type="checkbox"/> Guyana <input type="checkbox"/> Paraguay <input type="checkbox"/> Peru <input type="checkbox"/> Suriname <input type="checkbox"/> Uruguay <input type="checkbox"/> Venezuela	<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Cook Islands <input type="checkbox"/> Fiji <input type="checkbox"/> Kiribati <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Nauru <input type="checkbox"/> Palau <input type="checkbox"/> Papua New Guinea <input type="checkbox"/> Samoa <input type="checkbox"/> Solomon Islands <input type="checkbox"/> Tonga <input type="checkbox"/> Tuvalu <input type="checkbox"/> Vanuatu	<input type="checkbox"/> Subcontractor for Exporter <input type="checkbox"/> Sell to fill- freight

Please note: The estimated burden for completing this form is 25 minutes. You are not to respond to any collection information unless it displays a current valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street SW, Washington, DC 20416, and to: Desk Officer SBA Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245 - 0324). PLEASE DO NOT SEND FORMS TO OMB