



ECGC Women's Business Center

New Client Intake Form

Name: _____ Address: _____

City/Parish: _____ Phone/Cell: _____ Date: _____

1. Have you ever owned a business before? If yes, how many businesses have you owned?
 Yes; if yes, how many have you owned? _____
 No

Please provide a brief description of the business you own or would like to open: _____

2. Has anyone in your family ever owned a business? If yes, what type and how long?
 Yes; if yes, what type(s) of business? _____ How long? _____
 No

3. What is the status of your business decision right now? Check all that apply.
 Just gathering information
 Still deciding if I want to start my own business
 In the process of starting my own business
 Am operating my own business now. Year business was established _____
 Selling my products or service for LESS than 12 months. Date started _____
 Selling my products or service for 12 or MORE months. Date started _____
 Business is: ___profitable ___not profitable ___don't know

4. Are you employed outside of your business or business interest right now?
 Yes; ___ Full time ___ Part time
 No

5. Are you employed within the same industry as your business?
 Yes
 No; if not, what industry do you currently work? _____

6. Have you ever attended a course or seminar on how to start, manage, or run a business?
 Yes; Year attended _____ Course name _____
(NOTE: please provide a copy of your attendance or graduation)
 No
 I would be interested in attending a course or seminar series

7. Which statement most closely describes your credit history rating?
- Credit rating is good
 - Credit history has some slow pay, but generally I am able to obtain credit
 - Credit history has some serious issues, and credit generally not available
 - There is a personal bankruptcy in my credit history during the past seven years
 - My credit score is _____ as reported by _____ Not sure of my score_____
8. Which statement most closely describes your reason for creating your own business?
- I am attracted to the idea of creating a business
 - I am creating a business to supplement my income
 - I am creating a business in order to pursue a certain lifestyle or to live in a particular community
 - I am motivated to develop and expand a business to create jobs and wealth
 - I want to be my own boss
9. What sources of funding did you use, or are you planning to use, to start and/or expand your business? If you have used, or will use, a source of funding multiple times please add the amounts and give a total.
- Personal savings in the amount of _____
 - Credit Card(s): How many? _____ In the amount of _____
 - Business loan from commercial financial institution in the amount of _____
 - Loan from family or friends in the amount of _____
 - Gift from family or friends in the amount of _____
 - Investor(s) in the amount of _____
 - Other in the amount of _____
10. Which statement best describes the location of your business operation?
- Home-based
 - Warehouse
 - Store
 - Office
 - Factory
 - Other _____
11. What is, or what would you like, the legal standing of your business?
- Sole proprietor
 - LLC
 - Partnership
 - Corporation
12. Is the business a franchise?
- Yes, if yes, what is the name? _____
 - No
13. Is there an established business plan for the business? If yes, please provide a copy.
- Yes
 - No

14. Do you, will you, use a computer(s) in your business?

- Yes
- No

15. If yes to question 14, please indicate your degree of proficiency:

- Word processing _____Proficient _____Need training
- Spreadsheets _____Proficient _____Need training
- Databases _____Proficient _____Need training
- Automated accounting _____Proficient _____Need training
- Email _____Proficient _____Need training
- Design software _____Proficient _____Need training

16. Do you have a website for your business?

- Yes; what is the address _____
- No

17. Are you interested building a web presence?

- Yes
- No

18. Are you interested in eCommerce?

- Yes
- No

19. Do you know who your target market is for the business?

- Yes, if yes, whom have you identified?

- No

20. Who are, or would be, your competitors?

21. Does your business have any employees other than yourself?

- Yes; if yes, # of full-time _____ # of part-time _____
- No

22. Do you need assistance with staffing?

- Yes
- No

23. Do you need assistance with financing?

- Yes
- No

24. Is this a family business? If yes, how long has it been within the family?

- Yes; if yes, how long has it been in the family _____
- No

25. Do you have a Tax Identification Number (TIN) or Employer Identification Number (EIN) for your business?

- Yes; my TIN/EIN is _____
- No

26. Are there any special permits or licenses needed for your business?

- Yes
- No

27. What were your total sales and expenses in the past year? If you do not keep records, please estimate to the best of your knowledge.

- Less than 12 months in business: provide monthly sales totals _____; monthly expenses _____; average of months open _____
- More than 12 months in business: what were your total overall sales in last 12 months _____; and total expenses for previous year _____

28. How did you hear of WBC? _____

Comments: _____

I request business management counseling from a Small Business Administration resource partner, the ECGC Women’s Business Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I understand that any information received by an SBA resource partner counselor will be held in strict confidence by the counselor to the extent allowable by law.

I further understand that SBA resource partner counselors have agreed not to: (1) recommend goods or services from sources in which the individual counselor has an interest; and (2) accept fees or commissions developing from any SBA resource partner counselors. In consideration of the provision of management and /or technical assistance by a resource partner counselor, I agree to waive all claims arising out of this assistance, against SBA personnel, the resource partner from whom I sought assistance, its host organizations, and the counselors(s) arising from this assistance.

Client Signature: _____ Date: _____

I prefer meetings to be scheduled in/on the (circle one):

Morning Afternoon Evening Weekends



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