



International Business Program Intake Form

Name of Company	Point of Contact	<input type="checkbox"/> Business Owner? Position:
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Email:	Work:	Home:	Fax:
Website:		Cell:	

Mailing Address:	City	State	Zip Code	County
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Business Description		Business Type		Organization Type
<input type="checkbox"/> MDOT <input type="checkbox"/> Woman-Owned Small <input type="checkbox"/> Minority-Owned <input type="checkbox"/> HUBZone/ Enterprise Zone	<input type="checkbox"/> Large <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran	<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Manufacturer/Producer	<input type="checkbox"/> Construction <input type="checkbox"/> Research/Devel. <input type="checkbox"/> Financing <input type="checkbox"/> Not in Business <input type="checkbox"/> _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Org. <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Sub S Corporation
				State of Incorporation

Primary Counselor	Business Established: ____/____/____	Number of Employees: Full Time: _____ Part Time: _____
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Ethnic Group	Gender	SBA Client Type	Business Status
<input type="checkbox"/> Native Amer./ Alaskan Native <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pac. Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Borrower <input type="checkbox"/> Surety Bond <input type="checkbox"/> Proc. Asst./ <input type="checkbox"/> Tech Asst.	<input type="checkbox"/> Pre- Venture <input type="checkbox"/> Startup (in business < 1 year) <input type="checkbox"/> In Business for more than 1 year <input type="checkbox"/> In Business for 5 years or more Miscellaneous <input type="checkbox"/> Home Based Business? <input type="checkbox"/> Online Business?

Sales Amount Last Year:	Year of Most Recently Completed Financial Statement: ____/____/____
Sales Amount this Year to Date:	

Product/Service Description and Keywords

<p>Market Sectors:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Agriculture <input type="checkbox"/> IT & Communications <input type="checkbox"/> Alternative Energy <input type="checkbox"/> Construction <p>International Business Services Needed</p> <ul style="list-style-type: none"> <input type="checkbox"/> International Partnership <input type="checkbox"/> Warehouse Space <input type="checkbox"/> Office Space <input type="checkbox"/> Access Capital <input type="checkbox"/> Legal Assist <input type="checkbox"/> Passport/ Visa Support <input type="checkbox"/> Distributor in _____ <input type="checkbox"/> Research Materials (Library) <input type="checkbox"/> Proposal Writing <input type="checkbox"/> Fed Gov't Contract Opportunity 	<ul style="list-style-type: none"> <input type="checkbox"/> Petroleum <input type="checkbox"/> Education <input type="checkbox"/> Housing <input type="checkbox"/> Water Resource Mgmt. <input type="checkbox"/> Roads & Transportation <ul style="list-style-type: none"> <input type="checkbox"/> Seminars <input type="checkbox"/> Staffing Assistance <input type="checkbox"/> Business Plan Writing <input type="checkbox"/> Marketing Plan <input type="checkbox"/> Website Development <input type="checkbox"/> Trade Leads <input type="checkbox"/> AGOA Information <input type="checkbox"/> Export One: Africa <input type="checkbox"/> Export/Import <p>Other _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Banking & Finance <input type="checkbox"/> Agro- Processing <input type="checkbox"/> Minerals <input type="checkbox"/> Tourism <input type="checkbox"/> Health <p>Targeted Countries for Exports</p> <p>A) _____</p> <p>B) _____</p> <p>C) _____</p> <p>D) _____</p> <p>E) _____</p>
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<input type="checkbox"/> International Trade?	Federal Congressional District	Councilman District	State Senate/Assy. District
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Referral From:

<ul style="list-style-type: none"> <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Bank <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Client/Word of Mouth <input type="checkbox"/> College/University <input type="checkbox"/> Internet <input type="checkbox"/> Local EDC <input type="checkbox"/> Media-TV/Radio <input type="checkbox"/> IBSAC 	<ul style="list-style-type: none"> <input type="checkbox"/> Newspapers <input type="checkbox"/> PTA Program <input type="checkbox"/> SBA Network Program <input type="checkbox"/> SBDC <input type="checkbox"/> Training Seminar <input type="checkbox"/> Embassy <input type="checkbox"/> USEAC <input type="checkbox"/> African Trade Office Event <input type="checkbox"/> Other 	NAICS	Harmonized Tariff Schedule
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Have you visited another center? Yes ___ No ___	If so, which one?
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Other Comments/Notes: