



335 Main Street
PO Box 966
Middleburgh, NY 12122
Fax: 518-295-7453
www.schohariechamber.com

Business Intervention Group (BIG) Request for Counseling

Client Name _____ Telephone _____

Cell _____ Fax _____

Street Address (of business) _____

State _____ Zip _____ E-Mail _____

What is the reason you have contacted BIG? _____

Are you currently in business? Yes No If yes, what is the name of your business? _____

What is the legal entity of your business Sole proprietorship S-Corporation Corporation LLC

Partnership Other (specify) _____

Nature and description of business _____

Historical summary of business including month and year started, gross sales/revenue, profit/loss (attach separate sheet if necessary) _____

Please specify areas in which you are seeking information/assistance (Check all that apply)

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Start up assistance | <input type="checkbox"/> Business plan | <input type="checkbox"/> Financing/capital | <input type="checkbox"/> Managing a business | <input type="checkbox"/> Government contracting |
| <input type="checkbox"/> Customer relations | <input type="checkbox"/> Franchising | <input type="checkbox"/> Cash flow management | <input type="checkbox"/> Tax planning | <input type="checkbox"/> Legal issues |
| <input type="checkbox"/> Marketing/sales (market research, sales reps, pricing, etc.) | <input type="checkbox"/> Human resources or managing employees | <input type="checkbox"/> Business accounting/budget | <input type="checkbox"/> International trade | <input type="checkbox"/> E-Commerce |

Buy/sell business Technology/computers Other _____

Describe any additional business problems/issues here _____

What is your percentage of ownership? _____ Affiliations? _____

Urgency factor (1 lowest, 10 highest) _____ Best time to meet _____

Do you conduct business on line? Yes No

Is this a home-based business Yes No Number of employees? _____

How did you learn about BIG services (Circle all that apply) SBA Bank Business owner Television/radio

Other client Magazine Internet Newspaper Chamber of commerce Educational institution

Local economic development Word of mouth Other _____

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I request business counseling services from BIG or a BIG resource partner. I permit BIG or its agent the use of my name and address for BIG surveys and informational mailings regarding BIG products and services (Yes No) I understand that any information disclosed is held in strict confidence. (BIG will NOT provide your personal information to commercial entities.) I authorize BIG to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest and 2) accept fees or commissions developing from the counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against BIG personnel, volunteers and that of its resource partners and host organizations, arising from this assistance.

Client Signature _____ Date _____

Note: The assessment committee will review your form and assign a counselor as soon as possible. The counselor will contact you to set up an appointment.