

SBDC CLIENT AGREEMENT

What we need to know about you...

We may use the contact information you provide below to send you (by mail, fax, text, and/or e-mail) notices of upcoming classes and special events, and other information we feel would be beneficial to your business venture. If you do **not** wish to be on our contact list, please check here.

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	First Name:	MI:	Last Name:		
Personal Address:					City:	State:	Zip Code:	
County:				E-mail:				
Work Phone:			Home Phone:			Cell Phone:		
Gender:		Race:				Ethnicity:		
<input type="checkbox"/> Female		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> Male		<input type="checkbox"/> Black or African American		<input type="checkbox"/> White/Caucasian		<input type="checkbox"/> Non-Hispanic or Latino		
		<input type="checkbox"/> Native American or Alaskan Native		<input type="checkbox"/> Choose not to respond		<input type="checkbox"/> Choose not to respond		
Veteran Status:			Military Status:			Do you consider yourself a person with a disability?		
<input type="checkbox"/> Non-Veteran			<input type="checkbox"/> National Guard		<input type="checkbox"/> Reservist - Active Duty		<input type="checkbox"/> No	
<input type="checkbox"/> Service-Disabled Veteran			<input type="checkbox"/> National Guard - Active Duty		<input type="checkbox"/> None		<input type="checkbox"/> Yes	
<input type="checkbox"/> Veteran			<input type="checkbox"/> Reservist		<input type="checkbox"/> Choose not to respond		<input type="checkbox"/> Choose not to respond	
<input type="checkbox"/> Choose not to respond								

What we need to know about your business, if you're already in business...

Company Name:			Business Phone:		
Business Address: <small>(If different from Personal Address)</small>			City:	State:	Zip Code:
County:		Business E-mail:			
Web Site:			Business Fax:		
Number of Employees:		Is this a home-based business?	For the most recent full year, what were your:		
Full-Time: _____ Part-Time: _____					
Do you conduct business online?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Gross Revenue/Sales _____		
<input type="checkbox"/> No <input type="checkbox"/> Yes			+Profits/-Losses _____		
Which program(s) below are you certified in?			Business Type:		
<input type="checkbox"/> Texas State HUB Certified		<input type="checkbox"/> SBA 8(a) Certified		<input type="checkbox"/> Retail	
<input type="checkbox"/> City Certified		<input type="checkbox"/> SBA WOSB		<input type="checkbox"/> Service	
<input type="checkbox"/> HMSDC		<input type="checkbox"/> HUBZone		<input type="checkbox"/> Technology	
<input type="checkbox"/> WBEA				<input type="checkbox"/> Manufacturer or Producer	
				<input type="checkbox"/> Wholesale	
				<input type="checkbox"/> Research and Development	

Organization Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Other _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Sub S Corporation	Business Ownership: What percentage of your business is male or female owned? % Male <input type="text"/> % Female <input type="text"/>	Ownership Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Choose not to respond
---	---	---

Position:	Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have a Dun & Bradstreet (DUNS) number, enter it here _____
------------------	--	--

Are You Currently Involved in Exporting? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please complete Appendix A to indicate the markets to which your company currently exports (mark all that apply).
---	---

Of total employees, how many are engaged in the exporting aspect of your business? (FT & PT) _____	Amount of your Gross Revenue/Sales related to exporting _____
---	--

What Type of Assistance Do You Need?

<input type="checkbox"/> Start-up	<input type="checkbox"/> Expansion	<input type="checkbox"/> Government Accounting Setup	<input type="checkbox"/> Proposal Assistance
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Loan/Financial	<input type="checkbox"/> Certifications (Fed, State, Local)	<input type="checkbox"/> SAM/ORCA Registration
<input type="checkbox"/> Marketing	<input type="checkbox"/> GSA Schedule	<input type="checkbox"/> Sub Contracting	<input type="checkbox"/> Other _____

Type of Business (describe your current business or the business you plan to start)

How did you learn of the Small Business Development Center?

<input type="checkbox"/> Bank/Lender _____	<input type="checkbox"/> EDC	<input type="checkbox"/> SBA
<input type="checkbox"/> SBDC Client	<input type="checkbox"/> SBDC Website	<input type="checkbox"/> Other _____
<input type="checkbox"/> Attended SBDC Training	<input type="checkbox"/> Chamber of Commerce _____	

I request free advisory services from the Texas Gulf Coast SBDC Network, which is a resource partner of the U.S. Small Business Administration.

I agree to participate when I am asked to complete surveys designed to evaluate those advisory services.

I self-certify that neither I nor my company are currently suspended or debarred by a Federal Agency.

I certify that my business has not been, is not currently, nor will it at any time be, operated or otherwise used in any manner that is in violation of criminal law, nor has it assisted, nor is it currently assisting, nor will it at any time assist another individual or entity in any manner that violates criminal law. I agree to release, indemnify, and hold harmless, the University of Houston System, the University of Houston, the Texas Gulf Coast SBDC Network and its host organizations, as well as each of the above entity's respective board members, officers, directors, employees, authorized representatives, advisors, and other personnel ("Releasees") from and against any and all liability that may arise from the actions (negligent or otherwise) by me, my business, or its employees, as well as against any and all claims or causes of action that may be brought against the Releasees by me, my business, its employees, or any third party, or that may be brought against me, my business, or its employees, by a third party.

Signature: _____ **Date:** _____

(Blue Ink Required)

For SBDC Business Advisor to Complete

Company Start Date:	Company Status: <input type="checkbox"/> Not in Business <input type="checkbox"/> Start-Up (<12 mos) <input type="checkbox"/> In Business
----------------------------	--

What you need to know....

Please read and initial each statement below **to show you understand our responsibilities as an SBDC and your rights as our client.**

_____ We **do not charge** for advisory services, and we **will not solicit or accept payment of any kind** including goods or services, gifts, loans, rewards, equity in a business, compensation or other monetary remuneration, promise of future employment, or favor or service **in return for the advisory services** we provide.

_____ We **cannot invest** in the business of any client.

_____ We **will not** recommend the purchase of goods or services from sources in which we have a direct or indirect interest.

_____ We **do not make loans nor influence loan decisions**, although we can assist you with determining your financial requirements and preparing and submitting a loan application.

_____ We keep what you tell us **confidential** to the extent allowable under Federal and Texas State law.

_____ We **will ask for permission** in writing prior to sharing any of your information or experiences as an SBDC "success story."

_____ We **will not** use anything you tell us to benefit the SBDC or any of our staff, nor will we use what you tell us to the detriment of any of our clients.

_____ We provide advisory services to clients in all fields and industries, and your advisor may work with other clients whose businesses are similar to yours and even in direct competition with yours. Your advisor may also have outside employment or interests in a business similar to yours or in competition with yours. Please ask your advisor for a copy of their resume.

_____ While employed by the SBDC and for six months subsequent to the term of employment, your advisor should not accept private business advising engagements from any persons seeking advising services from the UH SBDC Network.

_____ We **will maintain** the highest standards of professional conduct and make every effort to provide prompt, courteous and quality services within the time frame requested; however, we do not make any warranties or guarantees regarding these services.

Please sign and date to indicate you have read and understand the above disclosures.

Signature: _____

Date: _____

(Blue Ink Required)

Appendix A

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

Asia	Africa	Caribbean	Central America	North America
<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"/> 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 <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"/> 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"/> Belize <input type="checkbox"/> Costa Rica <input type="checkbox"/> El Salvador <input type="checkbox"/> Guatemala <input type="checkbox"/> Honduras <input type="checkbox"/> Mexico <input type="checkbox"/> Nicaragua <input type="checkbox"/> Panama	<input type="checkbox"/> Bermuda <input type="checkbox"/> Canada
			Europe	South America
			<input type="checkbox"/> Austria <input type="checkbox"/> Azerbaijan <input type="checkbox"/> Albania <input type="checkbox"/> Armenia <input type="checkbox"/> Belgium <input type="checkbox"/> Bosnia-Herzegovina <input type="checkbox"/> Bulgaria <input type="checkbox"/> Croatia <input type="checkbox"/> Cyprus <input type="checkbox"/> Czech Republic <input type="checkbox"/> Denmark <input type="checkbox"/> Estonia <input type="checkbox"/> Finland <input type="checkbox"/> France <input type="checkbox"/> Germany <input type="checkbox"/> Greece <input type="checkbox"/> Hungary <input type="checkbox"/> Iceland <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	<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
				Oceania
				<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
				Other
				<input type="checkbox"/> Subcontractor for Exporter <input type="checkbox"/> Sell to fill-freight