



THOMAS FAMILY CENTER FOR ENTREPRENEURSHIP COUNSELING INFORMATION FORM

PART I: Client Request for Counseling

Client Name: Please Print			
Last	First	MI	
Street Address/PO Box	City	State	Zip
Telephone (Primary & Secondary)	Fax	Email	

In request for our services, we need your full cooperation to assure quality and effectiveness of the services you receive. In this respect, we ask that you complete a written evaluation of the services you receive. We also ask that you not disclose any trade secret to the Thomas Family Center, its employees, or students unless and until you designate such information as confidential and a trade secret and confirm that you have met the other requirements that would exempt the information from disclosure under the North Carolina Public Records Act.

In consideration of the advice and services provided to you, by signing below you agree that you are waiving all claims against the University of North Carolina at Pembroke, its employees, and students working with the Thomas Family Center, or any other person employed by or used during your consultation with the Thomas Family Center for entrepreneurship.

Client Signature	Date
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PART II: Client Intake (to be completed by client)

What prompted you to contact TFCE? (mark all that apply)	
<input type="checkbox"/> Brochure	<input type="checkbox"/> Newspaper
<input type="checkbox"/> UNC Pembroke	<input type="checkbox"/> Chamber of Commerce
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Other _____	

Are you currently in business?	If yes, name of company:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Business (choose primary category)		
<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Transportation & Warehousing
<input type="checkbox"/> Administrative & Support	<input type="checkbox"/> Human Services	<input type="checkbox"/> Utilities
<input type="checkbox"/> Agriculture Information	<input type="checkbox"/> Information Services	<input type="checkbox"/> Waste Management
<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Construction	<input type="checkbox"/> Professional, Scientific, & Technical Services	<input type="checkbox"/> Other _____
<input type="checkbox"/> Consulting	<input type="checkbox"/> Real Estate & Rental & Leasing	
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Retail Trade	

What is the legal entity of your business?	Month & Year Business Started:	Total # of Employees:	Last Year's Gross Revenues/Sales
<input type="checkbox"/> Sole Proprietorship			\$ _____
<input type="checkbox"/> Partnership			+ Profits/-Losses
<input type="checkbox"/> Limited Liability Company (LLC)			\$ _____
<input type="checkbox"/> Corporation			
<input type="checkbox"/> S- Corp			
<input type="checkbox"/> Other _____			

What is the nature of counseling you are seeking? (Choose Primary category)		
<input type="checkbox"/> Start-up Assistance	<input type="checkbox"/> Human Resources/ Managing Employees	<input type="checkbox"/> Marketing/Sales
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Franchising
<input type="checkbox"/> Financing/Capital	<input type="checkbox"/> Business Accounting/ Budget	<input type="checkbox"/> Buy/Sell Business
<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Cash flow Management	<input type="checkbox"/> Technology Assistance
Please describe specific assistance requested: _____		

Click "Submit" to send the request via email.