

---

## GNBDC CLIENT INTAKE FORM

Client's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Website: \_\_\_\_\_

New Client     Follow-up     Close-out

Referred by: \_\_\_\_\_

**ASSISTANCE REQUESTED: (check all that apply):**

Business Plan     Marketing Plan     Bookkeeping     Site Analysis  
 Financial Analysis     Pricing     Loan Packaging     Inventory Management  
 Market Research     Human Resources     Partner Identification     Other: \_\_\_\_\_

**SPECIFIC QUESTIONS & NOTES:**