



**El Paso Minority Business Enterprise Center
Client Service Verification Form**

Name of Business (If Applicable): _____

Name of Owner/President (If Applicable): _____

Street Address: _____

City/ST/ZIP Code: _____

Telephone Number: _____

Contact Person: _____

I have received the following services from the El Paso MBEC during the _____ quarter of _____ (year).

Hours of Management and Technical Assistance:	Fees Billed:
Loan Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Amount:	Date Approved:
Loan #2 Amount:	Date Approved:
Procurement Contracts/Sales Growth Obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, Amount of Contract/Sales Growth:	Date Awarded or Date Range of Growth:
Contract/Growth #2 Amount:	Date Awarded or Date Range of Growth:
Jobs Created? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, Number of New Jobs Created:	

I rate the El Paso MBEC Services as: Excellent Satisfactory Unsatisfactory

Comments: _____

Client Signature: _____ **Date** _____