



El Paso Minority Business Enterprise Center New Client Registration Form

PERSONAL INFORMATION

Name/Title	
Mailing Address, City, State, Zip	
Telephone Number	
Fax Number	
Email Address	
Currently in Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity of Owner(s)	<input type="checkbox"/> African American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Spanish Speaking <input type="checkbox"/> Aleut <input type="checkbox"/> Asian and Pacific Islander <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Eskimo <input type="checkbox"/> Hasidic Jew
Disabled Veteran Status	<input type="checkbox"/> No <input type="checkbox"/> Service Disabled <input type="checkbox"/> Disabled Veteran
Gender of Owner (s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	

BUSINESS INFORMATION

Business Name	
Business Address, City, State, Zip	
Business Phone/Email	
Website Address	
Business Start Date & State of Incorporation	
Legal Structure of the Business	

Industry Type	
Primary NAICS Codes	
Federal EIN Identification Number	
Describe your primary products & services	
Facility Security Level	<input type="checkbox"/> None <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Confidential <input type="checkbox"/> Other
State the geographic areas that you have primarily done business	
Number of Employees Full time, part time, and minority	Full Time: _____ Part Time: _____ Minority: _____
Indicate Annual Sales / Revenue	\$
Indicate Annual Export Sales	\$
Do you have an American Express Corporate Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate Current Bonding Level	
Does your company accept the Government Credit Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered on CCR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any Certifications that you have.	Corporate: <input type="checkbox"/> MBE <input type="checkbox"/> WBE State: <input type="checkbox"/> DBE <input type="checkbox"/> State Hub Federal: <input type="checkbox"/> 8A <input type="checkbox"/> Federal Hub Zone <input type="checkbox"/> SDB Other: _____
Are you registered on CMBL for State Hub certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TECHNICAL ASSISTANCE

<p>Primary Area of Need:</p> <p>Business Planning or Development:</p> <p><input type="checkbox"/> Accounting & Budgeting</p> <p><input type="checkbox"/> Business Planning</p> <p><input type="checkbox"/> Demographic Analysis</p> <p><input type="checkbox"/> Export Assistance</p> <p><input type="checkbox"/> Feasibility Studies</p> <p><input type="checkbox"/> Inventory Control</p> <p><input type="checkbox"/> IT Assistance</p> <p><input type="checkbox"/> Management Training</p> <p><input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Personnel Policies & Handbooks</p> <p><input type="checkbox"/> Site Selection</p> <p><input type="checkbox"/> Web Page Design</p> <p><input type="checkbox"/> Other</p> <p>Contracting or Procurement:</p> <p><input type="checkbox"/> Certification Packaging</p> <p><input type="checkbox"/> Procurement Assistance</p> <p><input type="checkbox"/> Other</p> <p>Financing / Capital Assessment:</p> <p><input type="checkbox"/> Bonding</p> <p><input type="checkbox"/> Identifying Lenders/Investors</p> <p><input type="checkbox"/> Loan Packaging</p> <p><input type="checkbox"/> Other</p>	<p>Referral Plan:</p> <p><input type="checkbox"/> Women’s Business Border Center</p> <p><input type="checkbox"/> Minority Business Enterprise Center</p> <p><input type="checkbox"/> Other: _____</p>
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The El Paso Minority Business Enterprise Center provides management and technical assistance to Minority Entrepreneurs. The information presented by the applicant to lenders and others is the responsibility of the applicant and has not been verified for accuracy or completeness by the El Paso Minority Business Enterprise Center. Those using the information must rely solely on the applicant for accuracy of completeness.

Counselor Name	Signature

Client Name	Signature

Date: _____