

Jackson County PIER Targeted TA Program
Southern Oregon University Small Business Development Center

Client Intake Form

Client Name: _____

Address: _____

Business Name: _____

Phone: _____ Email: _____

Initial Counseling Sought

- | | |
|---|---|
| <input type="checkbox"/> Startup Assistance | <input type="checkbox"/> Marketing Assistance |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Class Attendance |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Operations / Legal |
| <input type="checkbox"/> HR Assistance | <input type="checkbox"/> Other |

Business Form: Sole Proprietor Corporation
 LLC Partnership

Owner(s) Names: _____

of Employees _____

Language Preference English
 Spanish