



SOUTHSIDE BUSINESS TECHNOLOGY CENTER

22nd East Church Street, Suite 300
Martinsville, VA 24112
Phone: 276.638.2523 ext. 210
Fax: 276.638.2669
E-mail: evadoss@southsidebtc.org

1. Individual Requesting Service: _____ Title: _____

2. Mailing Address: _____
City: _____ State: _____ Zip: _____

3. Home Phone: _____ 4. Work Phone: _____ 5. Fax: _____

6. Email address: _____ 7. Website address: _____

8. Race (mark one or more):

- Native American or Alaskan Native Asian
- Black or African American White

9. Ethnicity: Hispanic Origin Not of Hispanic Origin

10. Business Owner Gender: Male Female

11. Veteran Status: Veteran Disabled Veteran Vietnam Era Veteran Non-Veteran

12. How did you hear of the BTC?

- Word of mouth Chamber of Commerce Corporate Research Center
- Bank Internet Center for Innovative Technology
- Other: _____

13. Describe the nature of the counseling you are seeking:



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14. Are you currently in business? Yes No Is it a home based business? Yes No

15. Type of business: _____

16. Name of Company: _____

17. How long in business? _____

18. Year company founded: _____ Number of Employees: Full Time: _____ Part Time: _____

19. Business Structure:

Sole Proprietorship Partnership S Corporation C Corporation

Can you furnish a recent balance sheet? Yes No

Can you furnish a recent profit and loss statement? Yes No

Have you ever contacted or worked with the SBTC in the past? Yes No

I request business management counseling from the Southside Business Technology Center (SBTC). I agree to cooperate should I be selected to participate in surveys designed to evaluate SBTC assistance services. I authorize the SBTC to furnish relevant information to the assigned management counselor(s) although I expect that information to be held in strict confidence to the extent allowable by law. It is also further understood that the SBTC reserves the right to make available to the appropriate Economic Development Authority any information provided by me with the understanding that this information will be kept in strictest confidence.

I further understand that any SBTC counselor has agreed not to (1) recommend goods or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. In consideration of SBTC's furnishing management or technical assistance, I waive all claims against SBTC personnel, Southside Business Technology Center, and other SBTC Resource Consultants arising from this assistance.

Signature: _____ Date: _____

*To ensure timely processing of your application
please be certain to sign and date this form.*

Southside Business Technology Center does not discriminate against employees, students, or applicants on the basis of race, sex, disability, age, veteran status, national origin, religion, political affiliation, or sexual orientation.