

**PROCUREMENT TECHNICAL ASSISTANCE CENTER
KENT REGIONAL BUSINESS ALLIANCE
CLIENT PROFILE FORM**

Business Statistics

Legal Name of Company:			
Doing Business As:			
Contact Name:		Title:	Telephone:
Fax:		Email:	
Alternate Contact:		Title:	Telephone:
Fax:		Email:	
Street Address:			
City:	County:	State:	Zip:
Mailing Address (if different):			
City:	County:	State:	Zip:
Web Site:			
Owner:		President:	VP:
No. Employees:	Part Time:	Full Time:	Date Established:
FY End Date:		Annual Revenue (3 Year Average)	
In which states would you like to bid?			
Have you ever sold to the government?	Y/N	CAGE#	Referred by:
Are you registered with CCR?	Y/N		1 Conference 6 ECRC
HUB Zone Certified?	Y/N		2 SBA 7 Word of Mouth
8(a) Certified	Y/N		3 SBDC 8 Other:(Please specify)
Federal ID/Soc.Sec. No.		4 PTAC	
DUNS No. (call 1-866-705-5711 to get one at no chg)		5 Chamber of Commerce	

Corporate Status		Type of Business		Ethnic Group	
Individual	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Native American/AK	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Wholesale	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Limited Liability	<input type="checkbox"/>	Retail	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>
Sub S Corporation	<input type="checkbox"/>	Service	<input type="checkbox"/>	White	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
State of Inc.	<input type="checkbox"/>	Research	<input type="checkbox"/>		
		Other	<input type="checkbox"/>		
Ownership		Military Status		Size of Business	
51% +	<input type="checkbox"/>	Veteran	<input type="checkbox"/>	Disadvantaged Small	<input type="checkbox"/>
Male	<input type="checkbox"/>	Vietnam-Era Veteran	<input type="checkbox"/>	SBA (8a) Small	<input type="checkbox"/>
Female	<input type="checkbox"/>	Disabled Veteran	<input type="checkbox"/>	Minority Owned	<input type="checkbox"/>
Male/Female 50/50	<input type="checkbox"/>	Disabled Vietnam Veteran	<input type="checkbox"/>	Other Small	<input type="checkbox"/>
				Large	<input type="checkbox"/>

Data Sets:Please check those you would like to have searched	Geographic Restrictions:
Commerce Business Daily & Web-based Federal Bids	Do you provide your Services/Products in all states? YES/NO
Defense Logistics Agency (Small Purchases)	If NO, in which states do you provide your Services/Products
Federal EDI (Must be bid electronically)	
State and Local Bids	
International Bids	
CBD Awards	

Product/Service Information	
Description of Product/Service:	
Keywords or phrases about your service or product that can be used in an internet search:	
NAICS Codes (if known):	
PSC/FSC Codes (if known):	

Financial Information for Contract Payment (for Central Contractor Registration – CCR)			
Name of Bank or Credit Union:		Telephone:	Fax:
Routing No. (9 digits)	Account No.	Checking/Savings?	
Receive CCR correspondence by? (check one)	Mail	E-mail	Fax
Accounts Receivable Contact	Name	Telephone	
	Fax	E-mail	
Do you accept credit cards? (check one)	Yes	No	

I request procurement technical training assistance from the Procurement Technical Assistance Centers of Ohio (PTAC). I agree to participate in surveys designed to evaluate the services of the PTAC. I authorize the PTAC to furnish relevant information to the assigned counselor(s), although I expect that information to be held in strictest confidence by him/her. I also authorize the PTAC to fax information to me from time to time concerning seminars, workshops and other events, and to promote opportunities for teaming by sharing general information only with other PTAC clients on an as-needed basis.

I further understand that all counselors have agreed not to (1) recommend goods or services from sources in which they have an interest nor to (2) accept fees or commissions as a result of this counseling relationship, except as authorized by the Ohio PTAC office. By my signature below, and in consideration of the PTAC's furnishing of technical assistance, I waive all claims against the PTAC's personnel and its host organization.

I understand that there are no warranties or assurances in connection with the counseling assistance.

Applicant Signature	Date
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