



Growing  
Connecting  
Supporting

# CompuRecycling Center, Inc.

Business Technology Complex

1719 George Abraham Blvd

Greenville, MS 38703

Telephone: 662 335 2060 \* Fax: 662 335 2013

**FREE SERVICE**

## Professional Technical Business Support (PTBS) Form

Funding Source: \_\_\_\_\_

CRC FORM PTBS-0403 (04/03/2019)

Client Number: _____
Location Code: _____ TSA: _____
Data Input Name: _____

1. Name of the Office Providing the Service \_\_\_\_\_ 1a. Type of Client  Face to Face  Online  Telephone

2. City/State of Office Location \_\_\_\_\_

### Part I: Client Request for Professional Technical Business Support

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)		4. Email	
5. Telephone Primary _____ County: _____		6. Fax	
7. Street Address/PO Box (give business address if currently in business)		8. City	9. State 10. Zip +4
11. I am requesting professional technical business support from CompuRecycling Center		YES	NO
12. Preferred Date and Time for Appointment Date: _____ Time: _____		13. Client Signature	
		14. Date: _____	

### Part II: Client Intake Section (to be completed by all Clients)

15. Race (mark only one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African America <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		16. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino 16a. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other (specify) _____	
19a. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran			19b. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty				
20. Referred by (Mark all that apply) <input type="checkbox"/> CRC Office <input type="checkbox"/> SCORE <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Internet (please indicate website) _____ <input type="checkbox"/> Local Economic Development Office <input type="checkbox"/> Other Client <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> CRC Website <input type="checkbox"/> Business Owner <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Social Media <input type="checkbox"/> Lender <input type="checkbox"/> Television							
21. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. History: <input type="checkbox"/> New Case <input type="checkbox"/> Follow-up <input type="checkbox"/> One Time					
23. Legal Name of Business _____				Alias Name of Business: _____			
24. Type of Business (choose primary category) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate/Rental/Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Other Services (except Public Administration)						25a. Total No. of Employees (Full & PT) _____ 25b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT) _____	
26. Business Ownership – What percentage of your business is male or female owned? _____ % Male _____ % Female			27. Date Business Started? (MM/YYYY)		28. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Are you a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No
30. What is the nature of professional technical business support you are seeking? (Choose primary category) <input type="checkbox"/> Start-up Assistance (How do I start a small business) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Fast Customer Acquisition <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Office Space (rental, co-sharing, incubator) <input type="checkbox"/> Marketing (promotion, social media, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Web Design & Support <input type="checkbox"/> Sales Training <input type="checkbox"/> Technology Integration <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> 501©3 Application <input type="checkbox"/> COVID-19 Relief Options							
Describe specific assistance requested in the space provided _____							