

Client Information Form

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 Counseling

3. Contact Name (Last, First, MI)		4. E-mail Address		
5. Telephone Primary: _____ Secondary: _____		6. Fax		
7. Street Address/P.O. Box		8. City	9. State	10. ZIP Code
<p>11. The information requested on the Request for Counseling Form (SBA Form 641) will assist the Minnesota Small Business Development Centers (SBDC) in serving you and responding to sponsors' requests for information about SBDC performance. As a matter of law, SBDCs may not disclose the name, address, or telephone number of any individual or small business concern receiving assistance without the consent of such individual, unless specifically instructed to do so under court order or required by law. Except for signing this form, you are not required to provide any of the requested information as a condition of receiving service. Other non-personal information you provide may be considered public. Please read the notices below for important information concerning data collected and used by the SBDC program and the U.S. Small Business Administration (SBA).</p> <p>By signing this form, you agree, if selected, to participate in surveys designed to evaluate the services and impact of the Minnesota SBDC program. Any information disclosed in such surveys will be held in strict confidence. THE SBDC WILL NOT PROVIDE PERSONAL INFORMATION TO COMMERCIAL OR OTHER THIRD PARTY ENTITIES UNLESS REQUIRED TO BY LAW. If you elect not to participate in surveys to measure SBDC effectiveness and informational mailings, please inform your Professional Business Consultant who will work with the Regional Office to remove your name from the survey list.</p> <p>By signing this form, the applicant certifies, that neither they nor their principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.</p> <p>By signing this form, you further understand that Minnesota SBDC counselors are prohibited from: (1) recommending goods or services from sources in which the counselor has an interest and (2) accepting fees or commissions developing from the counseling relationship. In consideration of the counselor furnishing management or technical assistance, you waive all claims against the U.S. SBA and the Minnesota SBDC program and its resource partners, any of its independent contractors and host organizations, and their personnel, arising from the assistance.</p> <p>Notification of Federal and State Laws Pertaining to Data Collection and Use of Data: To comply with legislation passed by the Congress and Executive Orders issued by the President, Federal executive agencies, including the SBA, must notify you of certain information. You can find the regulations and policies implementing these laws and Executive Orders in Title 13, Code of Federal Regulations (CFR), Chapter 1, or SBA's Standard Operating Procedures (SOPs). In order to provide the required notices, the following is a brief summary of the various federal laws and Executive Orders that affect SBA's entrepreneurial development programs, including the Minnesota SBDC program.</p> <p>Paperwork Reduction Act (44 U.S.C. Â§ 3501). The Minnesota SBDC, funded in part by the U.S. SBA, is collecting the information on this form in order to facilitate business assistance services to its clients and for agency analysis related to the operation and management of its entrepreneurial development programs. Periodically, the SBA may use some of the non-personal information collected on this form to produce summary reports for program and management analysis, as required by law. SBA also intends to use the individual client data to select participants for follow-up surveys designed to evaluate SBA assistance services, including the Minnesota SBDC.</p> <p>PLEASE NOTE: The estimated burden for completing this information is 18 minutes. Your responses to the requested information are voluntary under these programs. If you have questions or comments concerning any aspect of this information, please contact the U.S. SBA Information Branch, Washington, DC 20416 and/or Desk Officer for the SBA, Office of Management and Budget, Office of Information Regulatory Affairs, 725 17th St., NW, Washington, DC 20503.</p> <p>Privacy Requirements (15 U.S.C Â§ 648(a)). This law provides that an SBDC, consortium of SBDCs, or contractor or agent of an SBDC may not disclose the name, address, or telephone number of any individual or small business concern receiving assistance under 21(a) of the Small Business Act without the consent of such individual or small business concern, unless ordered to make such a disclosure by a court or for program audit purposes. In such cases, such information is highly restricted in its use.</p> <p>Freedom of Information Act (5 U.S.C. Â§ 552). This law provides, with some exceptions, that SBA must supply information in its files and records to a person requesting it. This generally includes statistical data on SBA's business assistance programs, including the Minnesota SBDC, which are in aggregate. SBA does not make available a client's proprietary data without first doing pre-notification, as required by Executive Order 12600, or provide information that would cause competitive harm or constitute a clearly unwarranted invasion of personal privacy.</p> <p>Address a request under this Act to the appropriate SBA office and identify it as a Freedom of Information Act request. For information about the Freedom of Information Act, contact Chief, Freedom of Information/Privacy Act Office, U.S. Small Business Administration, 409 3rd St., SW, Suite 5900, Washington, DC 20416.</p> <p>Minnesota Data Practices Act (Minnesota Statutes Chapter 13). Under the Minnesota Data Practices Act, all information collected by government entities, including the Minnesota SBDCs, is public unless a specific law classifies it otherwise. SBDCs do not, as a matter of practice, disclose client information to third parties. You should be aware, however, that information you supply while a client of the SBDC may be considered public information under the Minnesota Data Practices Act and may need to be disclosed if a Data Practices Act request is made. Information you supply while a client of the Minnesota SBDC will be used by the counselor during the counseling relationship and may be aggregated with data supplied by other clients to produce statistical reports. Individuals or specific business information will not be identified in such reports. You are not legally required to supply the requested information, although your failure to fully disclose pertinent information may affect the outcome of the counseling.</p> <p>I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (<input type="checkbox"/> Yes <input type="checkbox"/> No)</p>				
12. Preferred date/time for appointment Date: _____ Time: _____		13. Client Signature _____ Date: _____		

PART II: Client Intake (to be completed by all Clients)

<p>14. Race</p> <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<p>15. Ethnicity</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<p>16. Gender</p> <input type="checkbox"/> Male <input type="checkbox"/> Female	<p>17. Do you consider yourself a person with a disability?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No																								
<p>18. Veteran Status</p> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran	<p>18a. Military Status</p> <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty																										
<p>19. Referred by?</p> <input type="checkbox"/> SBA District <input type="checkbox"/> SBDC <input type="checkbox"/> Other Client <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other: _____ <input type="checkbox"/> Lender <input type="checkbox"/> USEAC <input type="checkbox"/> Educational Institution <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Business Owner <input type="checkbox"/> SCORE <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> SBA Web site <input type="checkbox"/> WBC <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Internet:																											
<p>20a. Are you currently in business?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30) <p>20b. If yes, are you currently exporting?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes to 20b, please go to Appendix A to indicate the markets to which your company currently exports)	<p>21. Name of Business</p>																										
<p>22. Type of Business</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Real Estate</td> <td><input type="checkbox"/> Professional Services</td> </tr> <tr> <td><input type="checkbox"/> Utilities</td> <td><input type="checkbox"/> Finance and Insurance</td> <td><input type="checkbox"/> Health Care</td> <td><input type="checkbox"/> Management</td> </tr> <tr> <td><input type="checkbox"/> Information</td> <td><input type="checkbox"/> Wholesale Trade</td> <td><input type="checkbox"/> Accommodation/Food Services</td> <td><input type="checkbox"/> Agriculture</td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Public Administration</td> <td><input type="checkbox"/> Arts/Entertainment</td> <td><input type="checkbox"/> Administrative Support</td> </tr> <tr> <td><input type="checkbox"/> Retail Trade</td> <td><input type="checkbox"/> Educational Services</td> <td><input type="checkbox"/> Transportation/Warehousing</td> <td><input type="checkbox"/> Waste Management</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other Services</td> </tr> </table>				<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Health Care	<input type="checkbox"/> Management	<input type="checkbox"/> Information	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Accommodation/Food Services	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Arts/Entertainment	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Transportation/Warehousing	<input type="checkbox"/> Waste Management				<input type="checkbox"/> Other Services
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			<input type="checkbox"/> Other Services																								
<p>23. Business Ownership Gender</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female (50/50)	<p>24. Date Business Started?</p>	<p>25. Business online?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>26a. Home-based business?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>26b. 8(a) certified?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No																							
<p>27a. Total FT/PT Employees</p>	<p>28a. For most recent full year: Gross Revenues/Sales \$ +Profits/-Losses \$</p> <p>28b. Amount of sales related to exporting: \$</p>		<p>29. Organization Type:</p> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____																								
<p>27b. How many engaged in exporting?</p>	<p>30. What is the nature of the counseling you are seeking?</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Start-up Assistance</td> <td><input type="checkbox"/> Human Resources/Managing Employees</td> <td><input type="checkbox"/> Marketing/Sales</td> <td><input type="checkbox"/> Technology/Computers</td> </tr> <tr> <td><input type="checkbox"/> Business Plan</td> <td><input type="checkbox"/> Customer Relations</td> <td><input type="checkbox"/> Government Contracting</td> <td><input type="checkbox"/> eCommerce</td> </tr> <tr> <td><input type="checkbox"/> Financing/Capital</td> <td><input type="checkbox"/> Business Accounting/Budget</td> <td><input type="checkbox"/> Franchising</td> <td><input type="checkbox"/> Legal Issues</td> </tr> <tr> <td><input type="checkbox"/> Managing a Business</td> <td><input type="checkbox"/> Cash Flow Management</td> <td><input type="checkbox"/> Buy/Sell Business</td> <td><input type="checkbox"/> International Trade</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Tax Planning</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Start-up Assistance	<input type="checkbox"/> Human Resources/Managing Employees	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Technology/Computers	<input type="checkbox"/> Business Plan	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Government Contracting	<input type="checkbox"/> eCommerce	<input type="checkbox"/> Financing/Capital	<input type="checkbox"/> Business Accounting/Budget	<input type="checkbox"/> Franchising	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> International Trade		<input type="checkbox"/> Tax Planning					
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	<input type="checkbox"/> Tax Planning																										
<p>31. Describe specific assistance requested:</p>																											

Appendix A to Questions 20b. and 39b.

If your company is currently exporting, please indicate the countries to which your company exports:

Asia	Africa	Caribbean	Europe	North America
<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Algeria	<input type="checkbox"/> Anguilla	<input type="checkbox"/> Aland Islands	<input type="checkbox"/> Bermuda
<input type="checkbox"/> Bahrain	<input type="checkbox"/> Angola	<input type="checkbox"/> Antigua and Barbuda	<input type="checkbox"/> Albania	<input type="checkbox"/> Canada
<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Benin	<input type="checkbox"/> Aruba	<input type="checkbox"/> Andorra	<input type="checkbox"/> Mexico
<input type="checkbox"/> Belarus	<input type="checkbox"/> Botswana	<input type="checkbox"/> Bahamas	<input type="checkbox"/> Armenia	<input type="checkbox"/> Saint Pierre and Miquelon
<input type="checkbox"/> Bhutan	<input type="checkbox"/> Bouvet Island	<input type="checkbox"/> Barbados	<input type="checkbox"/> Austria	South America
<input type="checkbox"/> British Indian Ocean Terr.	<input type="checkbox"/> Burkina Faso	<input type="checkbox"/> Bonaire/St. Eustatius/Saba	<input type="checkbox"/> Azerbaijan	<input type="checkbox"/> Antarctica
<input type="checkbox"/> Brunei Darussalam	<input type="checkbox"/> Burundi	<input type="checkbox"/> Cayman Islands	<input type="checkbox"/> Belgium	<input type="checkbox"/> Argentina
<input type="checkbox"/> Cambodia	<input type="checkbox"/> Cameroon	<input type="checkbox"/> Cuba	<input type="checkbox"/> Bosnia and Herzegovina	<input type="checkbox"/> Bolivia
<input type="checkbox"/> China	<input type="checkbox"/> Cape Verde	<input type="checkbox"/> Curacao	<input type="checkbox"/> Bulgaria	<input type="checkbox"/> Brazil
<input type="checkbox"/> Georgia	<input type="checkbox"/> Central African Republic	<input type="checkbox"/> Dominica	<input type="checkbox"/> Croatia	<input type="checkbox"/> Chile
<input type="checkbox"/> Hong Kong	<input type="checkbox"/> Chad	<input type="checkbox"/> Dominican Republic	<input type="checkbox"/> Cyprus	<input type="checkbox"/> Colombia
<input type="checkbox"/> India	<input type="checkbox"/> Comoros	<input type="checkbox"/> Grenada	<input type="checkbox"/> Czech Republic	<input type="checkbox"/> Ecuador
<input type="checkbox"/> Indonesia	<input type="checkbox"/> Congo	<input type="checkbox"/> Haiti	<input type="checkbox"/> Denmark	<input type="checkbox"/> Falkland Islands
<input type="checkbox"/> Iran, Islamic Republic of	<input type="checkbox"/> Congo, Dem. Rep. of the	<input type="checkbox"/> Jamaica	<input type="checkbox"/> Estonia	<input type="checkbox"/> French Guiana
<input type="checkbox"/> Iraq	<input type="checkbox"/> Cote d'Ivoire	<input type="checkbox"/> Montserrat	<input type="checkbox"/> Faroe Islands	<input type="checkbox"/> Guadeloupe
<input type="checkbox"/> Israel	<input type="checkbox"/> Djibouti	<input type="checkbox"/> Saint Barthelemy	<input type="checkbox"/> Finland	<input type="checkbox"/> Guyana
<input type="checkbox"/> Japan	<input type="checkbox"/> Egypt	<input type="checkbox"/> Saint Kitts and Nevis	<input type="checkbox"/> France	<input type="checkbox"/> Martinique
<input type="checkbox"/> Jordan	<input type="checkbox"/> Equatorial Guinea	<input type="checkbox"/> Saint Lucia	<input type="checkbox"/> Germany	<input type="checkbox"/> Paraguay
<input type="checkbox"/> Kazakhstan	<input type="checkbox"/> Eritrea	<input type="checkbox"/> Saint Maarten (Dutch part)	<input type="checkbox"/> Gibraltar	<input type="checkbox"/> Peru
<input type="checkbox"/> Korea, DPR (North)	<input type="checkbox"/> Ethiopia	<input type="checkbox"/> Saint Martin (French Part)	<input type="checkbox"/> Greece	<input type="checkbox"/> S. Georgia/Sandwich Is.
<input type="checkbox"/> Korea, Republic of (South)	<input type="checkbox"/> Gabon	<input type="checkbox"/> Saint Vincent/Grenadines	<input type="checkbox"/> Greenland	<input type="checkbox"/> Saint Helena
<input type="checkbox"/> Kuwait	<input type="checkbox"/> Gambia	<input type="checkbox"/> Trinidad and Tobago	<input type="checkbox"/> Guernsey	<input type="checkbox"/> Suriname
<input type="checkbox"/> Kyrgyzstan	<input type="checkbox"/> Ghana	<input type="checkbox"/> Turks and Caicos Islands	<input type="checkbox"/> Hungary	<input type="checkbox"/> Uruguay
<input type="checkbox"/> Laos	<input type="checkbox"/> Guinea	<input type="checkbox"/> Virgin Islands, British	<input type="checkbox"/> Iceland	<input type="checkbox"/> Venezuela
<input type="checkbox"/> Lebanon	<input type="checkbox"/> Guinea-Bissau	Central America	<input type="checkbox"/> Ireland	Oceania
<input type="checkbox"/> Macao	<input type="checkbox"/> Kenya	<input type="checkbox"/> Belize	<input type="checkbox"/> Isle of Man	<input type="checkbox"/> Australia
<input type="checkbox"/> Malaysia	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Costa Rica	<input type="checkbox"/> Italy	<input type="checkbox"/> Christmas Island
<input type="checkbox"/> Maldives	<input type="checkbox"/> Liberia	<input type="checkbox"/> El Salvador	<input type="checkbox"/> Jersey	<input type="checkbox"/> Cocos (Keeling) Island
<input type="checkbox"/> Micronesia	<input type="checkbox"/> Libyan Arab Jamahiriya	<input type="checkbox"/> Guatemala	<input type="checkbox"/> Latvia	<input type="checkbox"/> Cook Islands
<input type="checkbox"/> Mongolia	<input type="checkbox"/> Madagascar	<input type="checkbox"/> Honduras	<input type="checkbox"/> Liechtenstein	<input type="checkbox"/> Fiji
<input type="checkbox"/> Myanmar or Burma	<input type="checkbox"/> Malawi	<input type="checkbox"/> Nicaragua	<input type="checkbox"/> Lithuania	<input type="checkbox"/> French Polynesia
<input type="checkbox"/> Nepal	<input type="checkbox"/> Mali	<input type="checkbox"/> Panama	<input type="checkbox"/> Luxembourg	<input type="checkbox"/> French Southern Terr.
<input type="checkbox"/> Oman	<input type="checkbox"/> Mauritania		<input type="checkbox"/> Macedonia (FYRM)	<input type="checkbox"/> Heard/McDonald Islands
<input type="checkbox"/> Pakistan	<input type="checkbox"/> Mauritius		<input type="checkbox"/> Malta	<input type="checkbox"/> Kiribati
<input type="checkbox"/> Palestinian Territory	<input type="checkbox"/> Mayotte		<input type="checkbox"/> Moldova	<input type="checkbox"/> Marshall Islands
<input type="checkbox"/> Philippines	<input type="checkbox"/> Morocco		<input type="checkbox"/> Monaco	<input type="checkbox"/> Nauru
<input type="checkbox"/> Qatar	<input type="checkbox"/> Mozambique		<input type="checkbox"/> Montenegro	<input type="checkbox"/> New Caledonia
<input type="checkbox"/> Russian Federation	<input type="checkbox"/> Namibia		<input type="checkbox"/> Netherlands	<input type="checkbox"/> New Zealand
<input type="checkbox"/> Saudi Arabia	<input type="checkbox"/> Niger		<input type="checkbox"/> Norway	<input type="checkbox"/> Niue
<input type="checkbox"/> Singapore	<input type="checkbox"/> Nigeria		<input type="checkbox"/> Poland	<input type="checkbox"/> Norfolk Island
<input type="checkbox"/> Sri Lanka	<input type="checkbox"/> Reunion		<input type="checkbox"/> Portugal	<input type="checkbox"/> Palau
<input type="checkbox"/> Syrian Arab Republic	<input type="checkbox"/> Rwanda		<input type="checkbox"/> Romania	<input type="checkbox"/> Papua New Guinea
<input type="checkbox"/> Taiwan, Province of China	<input type="checkbox"/> Sao Tome and Principe		<input type="checkbox"/> San Marino	<input type="checkbox"/> Pitcairn
<input type="checkbox"/> Tajikistan	<input type="checkbox"/> Senegal		<input type="checkbox"/> Serbia	<input type="checkbox"/> Samoa
<input type="checkbox"/> Thailand	<input type="checkbox"/> Seychelles		<input type="checkbox"/> Slovakia	<input type="checkbox"/> Soloman Islands
<input type="checkbox"/> Timor-Leste	<input type="checkbox"/> Sierra Leone		<input type="checkbox"/> Slovenia	<input type="checkbox"/> Tokelau
<input type="checkbox"/> Turkey	<input type="checkbox"/> Somalia		<input type="checkbox"/> Spain	<input type="checkbox"/> Tonga
<input type="checkbox"/> Turkmenistan	<input type="checkbox"/> South Africa		<input type="checkbox"/> Svalbard and Jan Mayen	<input type="checkbox"/> Tuvalu
<input type="checkbox"/> United Arab Emirates	<input type="checkbox"/> Sudan		<input type="checkbox"/> Sweden	<input type="checkbox"/> Vanuatu
<input type="checkbox"/> Uzbekistan	<input type="checkbox"/> Swaziland		<input type="checkbox"/> Switzerland	
<input type="checkbox"/> Vietnam	<input type="checkbox"/> Tanzania		<input type="checkbox"/> Ukraine	
<input type="checkbox"/> Yemen	<input type="checkbox"/> Togo		<input type="checkbox"/> United Kingdom	
	<input type="checkbox"/> Tunisia		<input type="checkbox"/> Vatican City	
	<input type="checkbox"/> Uganda		<input type="checkbox"/> Wallis and Futuna	
	<input type="checkbox"/> Western Sahara			
	<input type="checkbox"/> Zambia			
	<input type="checkbox"/> Zimbabwe			
				Other
				<input type="checkbox"/> Sell to fill-freight
				<input type="checkbox"/> Subcontractor for Export