

Class and Business Intake

STUDENT INFORMATION

Name:

Phone:

Cell:

Email:

Mailing address:

City:

State:

ZIP Code:

How do you hear about this program?

BUSINESS INFORMATION

Business Name:

Bus. Ph:

Fax:

Email:

County:

Bus Address:

City:

State:

ZIP Code:

Type of Business:Pre-Business (Ideas Phase) Startup Business (less than 12 months) Existing Business 2 year or more

Ideas: _____ Date Started: _____ Years in Business: _____

Type of Business Structure:Sole Proprietorship Partnership S-Corp LLC C-Corp Non-Profit Other : _____**Type of Ownership:**Woman Owned Minority Owned Veteran Owned

Business owners experience in this industry (number of years):

Number of Jobs that you have created or will create:

Credit Score (If not known pick a range between 300-850):

2008 Annual Revenue (If not in business please put down Annual Income):

Print Name_____
Signature_____
Date