



CLIENT APPLICATION

I. General Information

Business Name: _____

Date Formed: _____ Taxpayer I.D. #: _____

Current Business Address: _____

Telephone: (H) _____ (W) _____ (Cell) _____

E-mail: _____ Website: _____

Current Business License? Yes No

If yes, locality: _____

Business Structure: Individual/ Sole Proprietor Corporation

LLC Sub S Corp. Partnership

Principal Business Owner(s) (Use additional pages if required)

Name: _____ Phone: _____ Ownership %: _____

Address: _____

City/State/Zip: _____

Name: _____ Phone: _____ Ownership %: _____

Address: _____

City/State/Zip: _____

Name: _____ Phone: _____ Ownership %: _____

Address: _____

City/State/Zip: _____

Is business currently in operation?

Yes If yes, year business founded: _____

No If no, where are you employed? _____

Do you have a business plan?

_____ Yes If yes, please attach business plan

_____ No* If no, when do you plan to have one completed? _____/_____

*Note: Application is not complete without a business plan.

Do you have general liability insurance coverage?

_____ Yes _____ No

If yes, name of company: _____

II. Information on Business Product/Service

Briefly describe your product or service: **(Use additional pages if required)**

Briefly describe the market for your product/service (your target customer): **(Use additional pages if required)**

In what geographic area(s) are the majority of your customers located? **(Use additional pages if required)**

Who are your competitors? (Name at least two)

Why do you think you have a competitive advantage? (Use additional pages if required)

How do you (or plan to) market and distribute your product or service?

_____ Direct Mail _____ Networking _____ Social Media _____ Website _____ Radio Advertising
_____ Sales Force _____ Magazine Advertising _____ Newspaper Advertising _____ Business to Business
_____ Other: (Please list) _____

III. Business Experience

Describe your experience that relates to your product/service and the length of that experience (attach resume if available):

List the names and titles of any other officers or key personnel (attach resumes if available):

IV. Business Service Needs

Telecommunication needs:

How many phone lines?

How many internet access connections?

What types of support services are you interested in?

_____ Receptionist _____ Secretarial/Word Processing

_____ Copier _____ Fax Machine

_____ Mail Handling _____ Conference Room Access

_____ Computer _____ Other

Do you currently have an accountant? _____ Yes _____ No

Do you currently have an attorney? _____ Yes _____ No

Do you need management assistance? _____ Yes _____ No

If yes, what type? _____

Do you need marketing assistance? _____ Yes _____ No

If yes, what type? _____

V. Facility Requirements

Are you currently occupying a facility (either in your home or at a commercial location)?

_____ Yes _____ No

If yes, what is the current square footage?

Office: _____ ft²

What is the approximate monthly cost for this facility?

Rent: \$_____ Utilities: \$_____

How many square feet of space does your business require?

Office: _____ ft²

If accepted as a client, when would you want to start occupancy in the facility? _____/_____

How many employees will be occupying the space?

| | Current | 1 Year | 2 Years |
|-----------|---------|--------|---------|
| Full-time | _____ | _____ | _____ |
| Part-time | _____ | _____ | _____ |

If accepted into the Franklin Business Incubator program, how long do you plan to stay?

VI. Other

How did you learn about the Franklin Business Center?

How do you think your participation in the Franklin Business Center's incubation program will benefit your business?

VII. Business Financial Information

Initial Capitalization: (Check One)

- | | |
|----------------------------|------------------------------|
| _____ Less than \$10,000 | _____ \$50,001 to \$100,000 |
| _____ \$10,001 to \$25,000 | _____ \$100,001 to \$500,000 |
| _____ \$25,001 to \$50,000 | _____ Over \$500,000 |

What are your projections for total gross sales volume?

Year 1: \$ _____ Year 2: \$ _____ Year 3: \$ _____

What is the amount and source of financing for operating your business?

- | | |
|------------------------|------------------|
| _____ Existing Loan(s) | Amount: \$ _____ |
| _____ Cash/Equity | Amount: \$ _____ |
| _____ Other | Amount: \$ _____ |

_____ Operating Expenses are/will be covered by sales

Are you currently seeking additional funding for your business?

_____ Yes _____ No

If yes, please state amount of funds needed: \$_____

Where do you plan to obtain these funds? _____

Please list your personal or business' bank information as follows:

| Bank Name/Branch | Phone # | Representative's Name |
|------------------|---------|-----------------------|
|------------------|---------|-----------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

VIII. References

Please provide three (3) professional references as follows:

| Person's Name | Address/City/State | Phone # | E-mail |
|---------------|--------------------|---------|--------|
|---------------|--------------------|---------|--------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I, the undersigned, am applying for admission to the Franklin Business Center. I understand that the information contained in this application will be held in the strictest of confidence. I understand that, as a part of the screening process, my credit history and financial references may be investigated. By signing this document, I give authorization to the staff at Franklin Southampton Economic Development, Inc. to do so. I understand that this application is subject to review in all areas and in no way guarantees my admittance to this program and that no liability will be assumed by the Franklin Business Center.

Signature: _____

Date: _____