

BUSINESS INFORMATION FORM – PLEASE ANSWER ALL QUESTIONS – TYPE OR PRINT

EXACT NAME OF FIRM: _____

ADDRESS – BUSINESS MAIN OFFICE _____

TELEPHONE # _____ FAX # _____ TAX I.D.# _____

PRESIDENT _____ SECRETARY or TREASURER _____ DATE STARTED _____

TREASURER _____ DATE BUSINESS WAS STARTED _____

LIST STOCKHOLDERS OR PARTNERS AND % OF OWNERSHIP

NAME _____ ADDRESS: _____

NAME _____ ADDRESS: _____

HOW LONG HAVE YOU/PARTNERS/COFRPORATE OFFICERS OWNED THIS BUSINESS?

SINCE _____ TOTAL SALES LAST YEAR _____

BANK REFERENCES – NAME – ADDRESS – ACCOUNT # - BALANCES

NAME _____ ADDRESS _____ ACCT.# _____ BALANCE _____

NAME _____ ADDRESS _____ ACCT.# _____ BALANCE _____

INSURANCE COVERAGE _____

REFERENCE FROM BUSINESSES WITH WHOM YOU DO BUSINESS-NAME, ADDRESS AND PHONE NUMBER

1. _____

2. _____

3. _____

CURRENT LANDLORD: _____ ADDRESS _____ PHONE _____

FORMER LANDLORD: _____ ADDRESS _____ PHONE _____

Do you now or will you generate, transport, store or dispose of any hazardous materials as defined by the U. S. Environmental protection agency? Yes _____ No _____ If yes, list hazardous materials used or manufactured _____

IN DETAIL, STATE EXACT USE OF SPACE (Warehouse and/or Office) (Use second sheet if necessary) _____

PLEASE CIRCLE DAYS OPEN FOR BUSINESS – M – T – W – T – F – S – S HOURS _____

NUMBER OF EMPLOYEES _____

EXACTLY HOW WOULD YOU LIKE YOUR COMPANY NAME TO APPEAR ON THE MARQUE _____

SIGNATURE _____ TITLE _____ DATE _____