MISSISSIPPI e-BUSINESS INNOVATION CENTER

APPLICATION

We will be accepting applications from companies that qualify as follows:

- A technology, energy, or life sciences product and/or service.
- The beginning of a sound management and/or product development team.
- Sufficient capital to carry forward the business plan for at least a 12 month period.
- Realistic financial projections demonstrating significant revenues and/or employment within the first five to seven years.
- A desire to leverage the services offered by the Mississippi e-Business Innovation Center (MBIC).

Please provide the MBIC with the following documents:

- Business Plan
- Financial Statement

Application Questionnaire

Please complete the following application questionnaire. We will review your submission and contact you.

Tell us About Your Company

Applicant's Legal Business Name: _____

DBA/Trade Name:_____

Contact:_____ **Title:** _____

Company Address:_____

City: _____ **State:** _____ **Zip Code:** _____

Phone #:_____ **Fax#:** _____ **Cell:**_____

Email:_____

Social Security Number
or Tax ID Number: _____**NAICS Number**_____

What form of business entity?

- Sole Proprietorship
- Partnership
- LLC
- C Corp
- S Corp
- Other, explain_____

State of Incorporation:_____ Date established: _____

Stage of development:

- Idea Stage
- Early Stage
- Prototype Stage
- Developmental Stage
- Expansion Stage

Number of employees: _____Full-Time:_____Part-Time:_____

Do you have existing written business plan? _____Yes _____No

Is this a minority or woman-owned business?_____Yes _____No

Type of business:

- High Technology
- Software
- Service
- Other _____

Briefly describe your business:_____

_____

_____

_____

Briefly describe your background and experience: _____

_____

_____

_____

How is your product unique?_____

Describe target market and size:_____

How can your product or technology be protected?

- o Patent
- o Trademark
- o Trade Secret
- o Copyright
- o Other _____

Primary source of financing:

- o Savings
- o Operating Income
- o Equity Investment-Private
- o Equity Investment-Venture Capital
- o Debt-Personal
- o Debt-Bank

Current capitalization:

- o $0 – $50,000
- o $50,000 – $100,000
- o $100,000 – $150,000
- o Over $150,000

Total assets: _____**Total liabilities:**_____

Total revenue (past 12 months): _____

Annual growth rate (%): _____

Anticipated employment: _____

Within one year: _____Full-Time _____Part-Time _____Indirect

Within five years: _____Full-Time _____Part-Time _____Indirect

How did you hear about us?_____

_____

In what area of business ownership do you feel you need the most help?_____

_____

Please list and indicate any affiliate, subsidiary, or a parent company (if more than one, please attach a separate page providing the following information):

Legal Name**:**_____

Relationship to Applicant:_____ State of organization: _____

Address:_____City: _____State: _____

Principals\Officers Information:

Principal\Officer 1:

- Name: _____Title: _____
- Social Security #:_____
- Address:_____
- Phone #: _____Fax #**:**_____E-mail:_____
- % Owned:_____Full/Part-time: _____

Principal\Officer 2:

- Name: _____Title: _____
- Social Security #:_____
- Address:_____
- Phone #: _____Fax #**:**_____E-mail:_____
- % Owned:_____Full/Part-time: _____

Principal\Officer 3:

- Name: _____Title: _____
- Social Security #:_____
- Address:_____
- Phone #: _____Fax #**:**_____E-mail:_____
- % Owned:_____Full/Part-time: _____

Bank References:

Name of Bank: _____

Acct. Type: _____Acct. #_____

Address: _____City:_____

State:_____ Zip Code: _____

Contact Person: _____Phone: _____Fax: _____

Credit References:

Company Name	City	State	Zip Code	Phone#	Contact

Commercial Rental History

Present Address: _____City: _____State: _____Zip: ____

Rent Paid Monthly: _____ Term of Lease: _____

Landlord/Contact: _____Phone #: _____

Authorization for Credit Check

By signing below the undersigned hereby consents to and authorizes the Mississippi e-Business Innovation Center or any firm or agent acting on its behalf to perform a credit check an investigation of the applicant and each principal, including contacting all banks, creditors or any other references that may be requested by the Mississippi e-Business Innovation Center.

Authorized Signature: _____

Printed Name: _____

Title: _____Date: _____

Authorized Signature: _____

Printed Name: _____

Title: _____ Date: _____

Authorized Signature: _____

Printed Name: _____

Title: _____ Date: _____