

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?

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

Primary source of financing:

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

Current capitalization:

- \$0 – \$50,000
- \$50,000 – \$100,000
- \$100,000 – \$150,000
- 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: _____