



Tel. (858) 848-1ONE
(858) 848-1663
info@strategicaccess.org
www.strategicaccess.org

BUSINESS / CORPORATE CLIENT APPLICATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential. The information will not be disclosed to anyone outside of this office, except if required to render services on your behalf, with your authorization, or unless otherwise required by law.

Date:

Reason for seeking consultation from our office:

Your name and position/status with entity (for example, President, manager, shareholder, advisor, etc.):

Referred or recommended by:

CLIENT INFORMATION

Business Name:

Tax ID:

State of Incorporation:

Date Started:

Annual Income:

Annual Income (YTD):

Address:

Phone:

Facsimile No:

E-mail Address:

Web:

Industry/Licenses (if any):

Owner/Principal/Guarantor Name and Title/Position (for example CEO/President/CFO/Secretary):

Home Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone No:

E-mail Address:



In addition, if you have business partners, who are expected to initially, own the business, please list them, including percentage of ownership, and capital contribution.

Name and Title/Position (if any); Percentage of Ownership/Ownership Contribution:

Address:

City:

State:

Zip Code:

Phone:

Facsimile No:

E-mail Address:

Name and Title/Position (if any); Percentage of Ownership/Ownership Contribution:

Address:

City:

State:

Zip Code:

Phone:

Facsimile No:

E-mail Address:

Name and Title/Position (if any); Percentage of Ownership/Ownership Contribution:

Address:

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OTHER:

BUSINESS CONSULTANT or ADVISOR

Name:

Address:

City:

State:

Zip Code:

Phone:

Facsimile No:

E-mail Address:

Web:

CPA or TAX ADVISOR

Name:

Address:

City:

State:

Zip Code:

Phone:

Facsimile No:

E-mail Address:

Web:

ATTORNEY or LEGAL COUNSEL

Name:

Address:

City:

State:

Zip Code:



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Phone: _____

Facsimile No: _____

E-mail Address: _____

Web: _____

Are there any written contracts between you and your business partners (if any)?
Yes _____ No _____ (If yes, please provide a copy)

INFORMATION ABOUT MANAGEMENT STRENGTHS AND WEAKNESSES

What strengths do you and your business partners bring to the table that you expect will help make the business a success?

What weaknesses or deficiencies in experience do you and/or your business partners have?

INFORMATION ABOUT THE BUSINESS

Are you profitable/are you making money?

Yes _____ No _____

Have you taken any steps to incorporate your business?

Yes _____ No _____

(If yes, provide details)

Have you been presented with any financial statements, documents describing the business opportunity, or a franchise offering circular?

Yes _____ No _____ (If yes, provide the consultant with a copy)

Do you have a written Business Plan?

Yes _____ No _____ (If yes, provide the consultant with a copy of it)

Have you offered to sell or sold any interests in your business to any investors?

Yes _____ No _____ (If yes, provide details)

Have you obtained or sought to obtain any loans for your business?

Yes _____ No _____ (If yes, provide details)

Does the prospective business own or lease any real estate?

Yes _____ No _____ (If yes, provide details)

Do you have want to continue operating the business from its present location(s)?

Yes _____ No _____

Have you retained any consultants, attorneys, lenders, accountants or tax professionals?

Yes _____ No _____ (If yes, provide details)

Have you promised an interest in the company to any consultants, investors, or lenders?

Yes _____ No _____ (If yes, provide details)



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BUSINESS CLIENT AUTHORIZATION

I/We hereby authorize **Strategic Access Network** and its partners, agents and affiliates to examine and verify past and present earnings, records, bank accounts, stock holdings, and any other asset balances for the purposes of properly conducting my business evaluation; and/or (if applicable) to analyze my business credit standing and (if applicable) recommend and/or process my commercial finance and/or business loan application.

I/We hereby authorize **Strategic Access Network** and its partners, agents and affiliates to order a consumer credit report and verify other credit information, including past and present mortgage & commercial loan and landlord references. It is understood that a copy of this form will also serve as authorization. The information gathered will only be used for the purposes of properly conducting my business evaluation; and/or to analyze my business credit standing and (if applicable) recommend and/or process my commercial finance and/or business loan application.

Business Name

Business Name

Authorized Signature

Date

Authorized Signature

Date

Print Name/Title

Print Name/Title