



THE ENTERPRISE CENTER
BUSINESS | CAPITAL | COMMUNITY

TEC Client Inquiry Form

Please make sure to fill out ALL of the fields below. Send completed form to: Capital@theenterprisecenter.com

Name of Individual: _____ Date: _____

Name of Business: _____ Location: _____

Email: _____ Phone: _____

How did you hear about TEC? _____

Are you an existing or previous TEC client? **Y / N** *If Yes, please check all that apply:*
Business Acceleration Capital Corp Community Culinary MBDA-BC SBTRC

Business is: Pre-Start up Early Stage Mid-Stage Advanced V ° @ O # : _____

Annual sales: \$ _____ Additional Income Amount & Source(s): _____

Business plan: Y / N Financial projections: Y / N Generating revenue: Y / N

Industry: Food Transportation Tech/IT Media/Communications
Childcare Health/Medical Beauty/Pers. Care Other _____

Business Description:

Interested in: Loan Business Assistance Contracts M/D ‡ " - Cert Other _____

Loan Request Amount: \$ _____ Credit Score: _____ Collateral available: Y / N

Describe need:

Household size (including self): _____ Annual household income: Under \$20k \$20-40k
\$40-60k \$60-80k \$80-100k Over \$100k

Race/Ethnicity: Black/African American Asian/Asian American Hispanic or Latino Native American
Non-Hispanic White Two or More Races Other _____

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Internal use only:

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