



CLIENT APPLICATION QUESTIONNAIRE

NAME (PRESIDENT OR CEO) _____

COMPANY NAME _____

EMPLOYER ID. # AND/OR PERSONAL SS # _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

E-MAIL _____

HOW IS YOUR BUSINESS ORGANIZED? (CIRCLE ONE)

- A. SOLE PROPRIETORSHIP
B. PARTNERSHIP
C. LLC
D. CORPORATION TYPE? _____

IF THIS IS AN EXISTING BUSINESS:

- A. DATE BUSINESS STARTED _____
B. WHERE STARTED _____
C. WHAT STAGE OF DEVELOPMENT (CIRCLE ONE)
1. IDEA STAGE
2. EARLY STAGE.
3. PROTOTYPE STAGE (MANUFACTURED & SOLD IN SMALL QUANTITIES)
4. DEVELOPMENTAL STAGE (PRODUCT MATURITY, SALES VOLUME & MGMT CAPABILITY)
5. EXPANSION STAGE (CAPABLE OF STANDING ON YOUR OWN)
D. NUMBER OF EMPLOYEES FULL TIME _____ PART TIME _____

LIST THE NAME(S) AND TELEPHONE NUMBER(S) OF THE PRINCIPAL(S)

Table with 5 columns: NAME, TITLE, PHONE, % OWNED, P/T or F/T. Contains four rows of blank lines for data entry.

TYPE OF BUSINESS (CIRCLE ONE)

- A. HIGH TECHNOLOGY
B. SERVICE
C. RETAIL

- D. SOFTWARE
- E. LIGHT MANUFACTURING
- F. OTHER _____

BRIEFLY DESCRIBE YOUR BUSINESS.

BRIEFLY DESCRIBE YOUR PRODUCT OR YOUR SERVICE.

DESCRIBE YOUR BUSINESS BACKGROUND OR EXPERIENCE WITH PRODUCT/
SERVICE.

HOW IS YOUR PRODUCT UNIQUE?

DESCRIBE YOUR TARGET MARKET AND MARKET SIZE.

HOW CAN YOUR PRODUCT OR TECHNOLOGY BE PROTECTED?

- A. PATENT
- B. TRADEMARK or COPYRIGHT
- C. TRADE SECRET
- D. OTHER _____

WHAT IS THE PRIMARY SOURCE OF FINANCING FOR YOUR BUSINESS?

- A. PERSONAL SAVINGS
- B. OPERATING INCOME
- C. EQUITY INVESTMENT
INFORMAL/PRIVATE _____ VENTURE CAPITAL _____
- D. DEBT
PERSONAL _____ BANK _____

HOW WILL YOU REPAY INVESTORS?

CURRENT CAPITALIZATION OF YOUR BUSINESS (CIRCLE ONE)

- A. \$0-\$50,000
- B. \$50,000-\$250,000
- C. \$250,000-\$500,000
- D. OVER \$500,000

ADDITIONAL NEAR-TERM CONTEMPLATED CAPITALIZATION

TOTAL ASSETS _____

TOTAL REVENUE (PAST 12 MONTHS) _____

ANNUAL GROWTH RATE (%) _____

ESTIMATED EMPLOYMENT: DIRECT INDIRECT

CURRENT	FULL TIME _____	PART TIME _____	_____
ONE YEAR LATER	FULL TIME _____	PART TIME _____	_____
WITHIN 5 YEARS	FULL TIME _____	PART TIME _____	_____

WHAT DO YOU CONSIDER ARE YOUR BIGGEST OPORTUNITIES AND NEEDS?

DO YOU HAVE A BOARD OF ADVISORS? YES _____ NO _____

ARE YOU WILLING TO ACCEPT COUNSELING FROM A BOARD OF ADVISORS APPOINTED FOR YOU? YES _____ NO _____

INCUBATOR SERVICE REQUESTED (CIRCLE ONE)

- A. RESIDENT (PLAN TO MOVE INTO THE INCUBATOR)
- B. AFFILIATE (NON-RESIDENT USE OF THE SERVICES ONLY)

DESCRIBE WHAT YOU EXPECT THE INCUBATOR TO PROVIDE.

FOR INCUBATOR RESIDENTS, WHAT IS THE AMOUNT OF SPACE NEEDED?

OFFICE	_____	SQ. FT.
LAB	_____	SQ. FT.
LIGHT MANUFACTURING	_____	SQ. FT.
OTHER _____	_____	SQ. FT.

HOW LONG DO YOU EXPECT TO BE IN VITEC2?

_____ 1 YR _____ 2 YR _____ 3 YR

HOW DID YOU HEAR ABOUT US?

CHECKLIST

THE FOLLOWING DOCUMENTS ARE ATTACHED:

- _____ BUSINESS PLAN, INCLUDING MARKET STATISTICS,
CONTRACTS.
- _____ LIST OF OFFICERS, INCLUDING BRIEF BIOS
- _____ SALES HISTORY OF YOUR PRODUCTS
- _____ PATENTS
- _____ PRODUCT LITERATURE, BROCHURES, PHOTOS
- _____ CUSTOMER TESTIMONIALS, LETTERS OF SUPPORT
- _____ CASHFLOW PROJECTIONS
- _____ LIST OF CURRENT OR REQUIRED CAPITAL

I HAVE READ THE TENANT LEASE AGREEMENT AND CLIENT MANUAL AND
AGREE TO THE TERMS THEREIN.

APPLICANT SIGNATURE

DATE

I certify that the above information is true and accurate and that Vitec² will retain this application whether approved or denied. I hereby authorize Vitec² to verify my credit history and employment and to release to any credit information agency any information regarding the credit experience with the signer, if applicable.

Confidentiality of the information gathered by Vitec² will be maintained as required under the Privacy Act.