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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Owner? Yes­­­­\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address (If different):­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day time phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Enrollment #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this an existing business (if so start-up date): \_\_\_\_\_\_\_\_\_\_ or new business: \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

If this is a new business venture, advise your desired start-up date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have or are you working on a formal business plan? \_\_\_\_\_\_Yes \_\_\_\_\_No (if yes please attach)

Nature of service and/or counseling you are seeking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a brief description of the nature of your business, including products or service offered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Will this business be the primary source of income? \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

Are you currently employed? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No Full time: \_\_\_\_\_\_ Part time: \_\_\_\_\_\_\_\_\_

Do you currently have access to the internet? \_\_\_\_\_Yes \_\_\_\_No. Access to a printer? \_\_\_Yes \_\_\_ No

Do you know what the start-up cost will be and where the funding will come from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about us? Who referred you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request business management assistance from Sovereign Leasing & Financing, Inc. By my signature below and in consideration of Sovereign Leasing & Financing, Inc. furnishing management of technical assistance, I waive all claims against Sovereign Leasing & Financing, Inc. arising from this assistance. I understand that there are no warranties or assurances in connection with the counseling assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Applicant Signature) (Date)