| Accelerate Application |
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| Applicant/Owner Information |
| Name: |
| Title: | Email: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Co-Applicant/Co Owner Information |
| Name: |  |  |
| Title: | Email: | Phone: |
| Current address: |  |  |
| City: | State: | ZIP Code: |
| COmpany Information |
| Company Name: |
| Address: | Business Start Date? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Number of Fulltime Employees: | Number of Part-time Employees: | Previous Year Annual Revenue: |
| Please Explain how the accelerate program can assist you |
|  |
| Please Explain What you consider the Company’s strengths and weaknesses |
|  |
| Please Provide: |
| 1. Current Business Plan
2. Current Organization Chart
3. Copy of Ascend Assessment
4. Financials – (Profit & Loss, Balance Sheet and Statement of Cash Flow)
5. Tax Returns
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| Confidentiality Statement |
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| Signatures |
| I authorize the verification of the information provided on this form and all attachments. I have received a copy of this application. |
| Signature of applicant: | Date: |
| Signature of co applicant: | Date: |