| Accelerate Application | | |
| --- | --- | --- |
| 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 | | |
| Confidentiality Statement | | |
|  | | |
| 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: |