NYCIC Intake Form

Date:

COMPANY INFORMATION		
Company name:		
Mailing address:		
Business address (*if different than mailing)*:		
Date company founded:	**County:**	**Web address:** www.
Contact name:	**Title:**	
Telephone:	**Fax:**	
E-mail:		

BUSINESS DESCRIPTION		
Legal status: ☐**C-Corporation** ☐**S-Corporation** ☐**LLC** ☐**LLP**		
Business category: (Please check the category that most closely fits your business)		
☐**Agriculture/Forestry/Fishing** ☐**Manufacturing** ☐**Retail** ☐**Wholesale**	☐**Construction** ☐**Mining** ☐**Services**	☐**Finance/Insurance/Real Estate** ☐**Public Administration** ☐**Transportation/Communications/Utilities**
Briefly describe the nature of your business:		
Number of employees:	**Stage of business:** ☐**Start-up** ☐**Established** ☐**Early stage**	
Company ownership (over 50%):	**Women-owned:** Yes ☐ No ☐ **Minority-owned:** Yes ☐ No ☐	

FINANCIAL INFORMATION	
Revenues*:	**Earnings before income tax*:**
Amount of funding requested: $	**Net worth*:**
Information for fiscal year ended: _____	
Primary use of funds: ☐**Acquisition** ☐**Capital expenditures** ☐**Working capital** ☐**Other (specify):** _____	
Name of your bank(s):	
Type of account: ☐ **Checking** ☐ **Loan**	
Who referred you to us?	

NYCIC USE ONLY:

Analyst:	Date:	LMI: ☐Yes ☐No
Portfolio Manager:	Deal ID#:	Status:
Business Plan: ☐ Received	Meeting: ☐Yes ☐No	Date:
Notes:		