



**North Carolina Indian
Economic Development Initiative, Inc.**

Request for Services Application

Name:				Date:			
Address:							
City:		County:			State:		Zip:
Phone No.	Home:	Business:	Fax:		Email:		
SS#:			Business EIN:				
Married:		Single:		Tribal Affiliation:		Enrolled:	
Existing Businesses							
Name and Address of Business:							
When Started:		Number of Employees:		Full-time:		Part-time:	
Business Type:		Corporation:		Partnership:		Sole Proprietorship:	LLC:
Product or Service:						Years in Business:	
Type of Assistance Needed:		Business Plan:		Financing:		Hubzone:	
Structure Development:		Market Study:		Feasibility		8a:	
Other: Explain:							
Expansion Plans:							
Annual Revenue: _____ 200()				_____ 200()			
Calendar or fiscal year: _____ 200()				_____ 200()			

New Businesses

Do you want to start a new business?				
Product or Service:				
Type of Assistance Needed:		Business Plan:	Financing:	Credit Prep.:
Structure Development:		Market Study:	Feasibility:	Business Classes:
Other: Explain:				
What is your current occupation?			How Long:	
What is your credit rating?: Excellent: ____ Good: ____ Poor: ____			Highest Ed. Level:	

I request consulting assistance from the NC Indian Economic Development Initiative, Inc. I agree to furnish any relevant individual and company information needed, especially all financial information, including credit reports and financial statements, to the assigned consulting team, with the understanding that the information will be held in strict confidence.

I further understand the NCIEDI consultants have agreed not to recommend goods and services from sources in which they have an interest, nor to accept fees or commissions developing from this consulting relationship. In consideration of NCIEDI's furnishing management or technical assistance, I waive all claims against NCIEDI's personnel, or NCIEDI arising from this assistance.

Signature _____ Date _____

Print Name _____ Title _____