

2.

## **Business Profile**

The second state of the se				
Your company's legal name:				
Company trade name (if applica	ble):			
Address:				
9				
Telephone:	Fax: E-	mail:		
Start-up date of your business:	Number of	employees:		
How is your business structured	?			
Sole proprietorship	Partnership	Corporation		
Who owns your busines	ss: owners and key mana	agement per	sonnel	
Name	Title/ Responsibilities		% of business held	Years in business
Describe your management t	eam. What are your/their qual	ifications, stren	gths and w	eaknesses?
Professional advisors: you	ur legal and accounting firm	105 250	ears) me of acco	wintant
1.	Location	Na	ine or acco	diftant
2.	1			
Law firm name	Location		Name of lawyer	



Key person life insurance: What coverage do you have?					
Succession planning death, illness or retirem		en made in the even	t of owners/ke	ey management's	
Other related/assoc with other businesses, between all parties invo	list below and provid	le an organizational			
Financial history hig					
	20_	20_		20_	
Sales			/I		
Net earnings Total assets					
Total debt					
Owner's equity			-15		
Comments on your com	ipany's financial histor	y:			