

SouthEastern Montana Development Corporation

Growing Montana ~ One Job at a Time

Initial Assessment for Start-up Business

Name:

Date:

Type of Business:

Email Address:

Business Name (if finalized):

Website:

In order to make your consulting session more effective, please answer all of the following questions, to the best of your ability. There are no right or wrong answers.

What expectations do you have of a meeting with MCAEDC?

Why is there a need for your business?

Who is the target market for your product/service?

List all products or services you plan to offer your customer:



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List any items (equipment, inventory, building, land, etc) you own that may be used in your business:

What legal form of business organization do you intend to utilize?

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Subchapter S Corporation | |

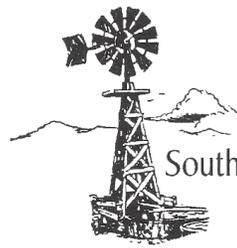
Why are you selecting this legal form of business organization?

When do you plan to open this business?

Describe any experience you have that would be relevant to your business start-up:

Do you need help with any of the following topics?

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Other (list all applicable topics below): |
| <input type="checkbox"/> Bookkeeping | |
| <input type="checkbox"/> Taxes | |
| <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Pricing | |
| <input type="checkbox"/> Distribution | |
| <input type="checkbox"/> Registering a business | |
| <input type="checkbox"/> Licensing | |
| <input type="checkbox"/> Hiring Employees | |



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Will you need financing to start your own business? YES NO

If yes, what is your approximate anticipated loan amount? \$ _____

How much are you able to put down? \$ _____ or _____ %

Describe your credit history (also indicate the credit history of any partners):

- Excellent
- Good, past issues have been corrected
- Poor
- Unknown

Have you obtained and reviewed your credit report recently? YES NO

Score: _____

If no, please order a credit report from one of the three national credit bureaus listed:

Experian	www.experian.com	888-397-3742
Transunion	www.transunion.com	800-888-4213
Equifax	www.equifax.com	800-685-1111

Or visit www.annualcreditreport.com or call 877-322-8228 for all three sources.

Have you filed for bankruptcy in the past 5 years? YES NO If yes, why?

Have you been to or are any other organizations/resources currently assisting you?

YES NO

If yes, please list them:

**All information provided is confidential and used only for the purposes of analyzing potential for growing profitability.*

Client Initials: _____