

SBI[®] Referral Form



*Fostering
Entrepreneurial
Education Together*

CONTACT NAME: _____ TITLE: _____

COMPANY NAME: _____

ADDRESS: : _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____ COMPANY WEBSITE: _____

DATE BUSINESS WAS FOUNDED : _____

TYPE OF BUSINESS : _____

NUMBER OF FULL-TIME EMPLOYEES : _____

NUMBER OF PART-TIME EMPLOYEES : _____

ANNUAL SALES FOR THE LAST 3 YEARS :

YEAR: _____ \$ _____

YEAR: _____ \$ _____

YEAR: _____ \$ _____

PLEASE CHECK THE ITEMS WITH WHICH YOU WOULD LIKE ASSISTANCE

- | | | |
|---|--|--|
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Site Location | <input type="checkbox"/> Growth/Development Plan |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Financial Records | <input type="checkbox"/> Develop Operating Systems |
| <input type="checkbox"/> Competitive Analysis | | |

Other(please specify): _____

CAN YOU WORK WITH A SCHOOL VIA DISTANCE: Yes No

HOW DID YOU LEARN ABOUT THE SBI PROGAM: _____

Please return this form to:
Small Business Institute[®]
134 Fairmont Street, Suite B
Clinton, Mississippi 39056

For more information, contact SBI by phone at 601-924-3489 or by email at info@smallbusinessinstitute.biz