

Formulario F-700

Business Information	
Name of business (including trade name) _____	
Address _____	
Business location of owner _____	
Number of owners in firm _____	
Date business started in firm _____	
Name of business _____	
Number of owners used for business _____	
Amount of capital brought in for business _____	
Is this firm the sole business of business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, what percentage of business is conducted by the business? _____	

Assets	Personal	For Business
Accounts receivable		
Accounts payable		
Inventory		
Prepaid expenses		
Equipment		
Real estate		
Intangible assets		
Other		
Other Business Assets		

Identify resources for the above information in boxes found in business development.

Signature: _____ Date: _____