

BUSINESS DEVELOPMENT CENTER

PROSPECTIVE TENANT GENERAL INFORMATION FORM

FULL NAME OF OWNER: _____

OWNERS HOME ADDRESS: _____

WORK PHONE: (____) _____ HOME PHONE: (____) _____

(Please check one of the following)

SPACE REQUESTED IN WHICH CENTER: ____ Whiteville ____ Tabor City

TYPE OF BUSINESS: ____ Light Manufacturing ____ Service ____ Wholesale Broker ____ Other _____

TYPE OF OWNERSHIP: ____ Sole Proprietorship ____ Partnership ____ Corporation

Is this a new business? ____ Existing/Expanding business? ____ When established? ____

Address: _____

Business name if available: _____

Briefly describe business idea or existing business: _____

Approximate square footage needed: _____

Number of Employees at start-up: _____ Projected # employees after 12 months: _____

List any special requirements necessary for your new business or existing business: _____

Date: _____

Signed: _____

Please return this form along with a copy of your Business Plan to the following:

Rural Consumer Services Corporation
Attn: Bobby R. Davis
Post Office Box 826
Shallotte, NC 28459-0826
800-842-5871 ext. 217