



INTAKE CONTACT INFORMATION

Company Name: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone—Office: _____ Phone—Mobile: _____

Email: _____ Website: _____

Ethnicity: _____ In-Take Date: ____/____/____
mm dd yyyy

Are you a Service-Disabled Veteran? Yes No

Business Type: Corporation Partnership Limited Liability Partnership

S Corporation Sole Partnership Limited Liability Corporation

Other: _____

State of Incorporation: _____ NAICS Code(s): _____

Brief Company Description: _____

Number of Employees: Full-Time: _____ Part-Time: _____ Minority: _____

Last Fiscal Year's Revenue: \$ _____ Interim Sales: \$ _____ Export? Yes No

Annual Export Sales: \$ _____ Largest Contract Value: \$ _____

Certification Type: MBE WBE SBE 8(A) HUB ZONE DBE SDVOSB

I hereby certify that the above information is true and complete: _____

Client Signature & Date

FOR INTERNAL USE ONLY

Client Referred: _____

Processing MBDA Business Center Location _____

MBDA and/or MBDA Business Center Staff Member: _____

Signature: _____ Date: _____

RETURN COMPLETED FORM TO:

MINORITY BUSINESS DEVELOPMENT AGENCY EXPORT CENTER
953 E Juanita Ave STE D | Mesa, AZ 85204
Phone: (480) 399.4054 | joan@ncaied.org

OMB Control No. 0640-002
Approved DOC/OCG