



Operated by the
National Community Reinvestment Coalition

Client Information Sheet

Primary Contact Info	Date:
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Name _____

Phone _____

E-mail _____

Company Information

Company Name _____

Phone _____

Address _____

Website _____

Address _____

Ethnicity of Principal Owner _____

City, State, and Zip _____

Business Information

Business Type and Description: _____

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

Gross Annual Sales: 2013 _____

Business Start Date: _____ Business Structure
(Please Circle One): Corporation Partnership
Sole Proprietorship LLC
Non-Profit Other _____

The purpose for collecting information is to track the development of the minority business for use in statistical surveys and other research. In that regard, the information entered into the form will not be available to the general public. In addition, information collected on this form will be made available to federal, state and local agencies for use in statistical surveys and other research to track the development of minority businesses. By entering data in this form you certify that you are authorized to make this information available to the public and agree to all the terms and conditions as specified herein.

Signature: _____ Date: _____