American Business Incentives

Intake Application

Appointment Confirmation

Date: _____ Time: _____ Appointment Location: _____

Name: _____ Additional Name: _____

Phone Number: _____ Consultant: _____

How did you hear about ABI? _____

Thank you for contacting ABI and for the privilege of allowing us to provide you with professional business services. At ABI, we recognize how valuable you are as a client.

Term

ABI is a preferred group of professionals that network comprehensively to complete our client's project. We are committed and dedicated to helping you achieve your goals. Pursuant to the Intake, a non-refundable consultation fee for Application, Business Assessment, and Market Analysis is required in the amount of five hundred dollars ($500); and two hundred fifty dollars ($250) for each additional person. The fee is required 24 hours prior to the Intake, in certified funds. The appointment may take up to one hour, The Intake fee is required: 24 hours prior to intake, in certified funds and are non-refundable.

Corporate Policy (Provider Applicants)

ABI does not directly or indirectly accept payments from: Grants, Federal, or State Health Care Funded Programs (such as Medicare, Medicaid/Waiver, Veterans Administration, Tricare, etc.) for contracts with a business entity. Clients will not make payments to ABI from any Federal or State Grant Funded Programs for any services rendered. Payment must be made to consultant directly from the client. All Payments must be made payable Directly to ABI and in accordance with the terms embodied in this agreement.

No credit card or electronic payment methods accepted, certified funds only.

I have read and agree to comply with ABI's terms as written

Applicant Signature: _____ Date: _____

Officers/Partners Personal Information

Name: _____ Title: _____

Cell Number: _____ Other: _____

Email: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Military Status: _____ Branch: _____

Professional License Type: _____

Partner

Name: _____ Title: _____

Cell Number: _____ Other: _____

Email: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Military Status: _____ Branch: _____

Professional License Type: _____

Financial Responsibility Information

Can you meet the initial retainer of $10,000 obligation? ☐Yes ☐No

What's your project date: _____ Do you have a budget? ☐Yes ☐No

Amount: $_____ Will a loan be required? ☐Yes ☐No

Amount: $_____ Are you seeking revenue opportunities? ☐Yes ☐No

If seeking an Investor, what type? ☐Credit ☐Funds Amount: $_____

What percentage are you willing to relinquish? _____ ☐Revenue ☐Equity ☐Both

Do you have any Merchant Card Advances? ☐Yes ☐No Cash Flow: ☐Yes ☐No

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Business Credit

DUNS Number: _____ Pay-Dex Score: _____

Equifax Number: _____ Credit Score: _____

Experian Number: _____ Credit Score: _____

Personal Credit

If seeking a loan, does the signer have good fico scores across all bureaus and no prior negative credit? ☐Yes ☐No

Prior Bankruptcy? ☐Yes ☐No Chapter: _____

Equifax: _____ Experian: _____ TransUnion: _____

Novus: _____

Management Information

What strengths do you and your business partners bring to the table that you expect will help make the business a success?

_____

_____

_____

_____

What weaknesses or deficiencies in experience do you and/or your business partners have?

_____

_____

_____

_____

Start-Up Business Information

Name of Business: _____

Where will it be located? _____

Industry: _____

Services:

_____

_____

_____

_____

Targeted population: _____

Existing Business Information

Name of Business: _____

Type of Business: _____

Web Address: _____ Phone: _____

Fax: _____ Email: _____

Address: _____ City: _____ State: _____

Zip: _____ County: _____

Is the business incorporated? ☐Yes ☐No Corporation Type: _____

Type of payments accepted: _____

Is the business regulated? ☐Yes ☐No By what department? _____

Year established: _____ State of Formation: _____

Are you currently a Provider? ☐Yes ☐No Type of Provider: _____

Product Development Services

Do you have a product? ☐ Yes ☐No

Do you have a prototype? ☐ Yes ☐No

Has the product met regulations if required? ☐ Yes ☐No

Has the product been launched? ☐ Yes ☐No

Has the product been formulated? ☐ Yes ☐No

I'm interested in the following services:

☐ New business start-up
☐ Operations Site
☐ Business Expansion
☐ Re-Engineering/Mergers
☐ Business Sale/Purchase
☐ Credentialing Services
☐ Audits/Survey/Inspections
☐ Training/Materials
☐ Accreditation Assistance
☐ Policy Update/Modification

☐ Establish a Corporation
☐ Corporate Credit Building
☐ Business Accounts
☐ Business Model/Plan
☐ Registrations
☐ Policy/Procedure Development
☐ Relationships/Resources
☐ Turnkey/Interior Designer
☐ Certifications
☐ Staffing Assistance
☐ Furnishings/Supplies/Equipment
☐ Licensing/Permit
☐ Marketing/Advertising/Branding
☐ Web Design/Business Cards/Flyers
☐ Grant/State Loan Assistance
☐ Bids/Proposals/Revenue Contracts

Specific Need:

☐ Formulation ☐ Development ☐ Programming ☐ Prototype
☐ Manufacturing ☐ Distribution ☐ Product Placement ☐ Contract Procurement

Other: _____

Funding, Contracts & Certifications Requirements

A minimum of 2 years of business credibility, EIN with established credit is required.

Will you need a qualified corporation? ☐ Yes ☐ No What Industry: _____

I acknowledge ABI uses third party professional services. I authorize the release of information to engage third party services. I certify the information provided herein is complete and accurate.

Applicant Signature: _____ Date: _____