

CapitalLink

An Oregon MicroEnterprise Network Program

Financing Request Cover Sheet

GENERAL INFORMATION

BUSINESS NAME		TAX IDENTIFICATION NUMBER
BUSINESS ADDRESS		
CITY, STATE, ZIP CODE	BUSINESS TELEPHONE #	CELL PHONE #
EMAIL ADDRESS	WEB PAGE URL	
OWNERS NAME	TITLE	SOCIAL SECURITY NUMBER

TYPE OF OWNERSHIP (please circle one) Sole Proprietorship Partnership Corporation S-Corp LLC	DATE BUSINESS BEGAN REVENUE GENERATION (START DATE)
---	---

LOAN REQUEST

AMOUNT REQUESTED (Approximate)
PURPOSE OF FINANCING
USE OF FUNDS

BUSINESS INFORMATION

BRIEF DESCRIPTION OF BUSINESS PRODUCT OR SERVICE

The undersigned hereby authorizes Oregon MicroEnterprise Network or any of its affiliates to make all inquiries with Credit Bureaus and others it deems necessary to verify the accuracy of the information provided herein.

Signature	Date
-----------	------

For OMEN Office Use Only

Date Received:	Applicant Contact Date:
Contact Notes and Disposition:	

Please submit this form and a complete business plan to Oregon Microenterprise Network (OMEN) by mail or email
Oregon Microenterprise Network | 1220 SW Morrison St, Suite 805 | Portland, Oregon 97205
Phone (503)546-9913 | Fax (503)808-9031 | Email capital@oregon-microbiz.org