Business Information Form

Please return to the Center for Entrepreneurship:
1. Mail registration form to Ctr for Entrepreneurship, 68 High Street, Portland, ME 04101 with a check, payable to USM; or
2. FAX (207)228-8401 your registration form with Mastercard/Visa or Discover; or
3. Call to register at 207/780-5919 or 1-800-800-4876 x5919 with Mastercard/Visa or Discover card #

Name

Business Name (if applicable)

Address

City State Zip

Telephone (daytime) (fax)

E-Mail Address

Credit Card # Exp. Date

Circle one
FastTrac NewVenture FastTrac GrowthVenture Location: ____________

(Please fill out a separate application for each student. Make a copy if necessary.)

1. Please provide a detailed description of your proposed or existing business and your target market.

2. Position in industry (example: manufacturer, distributor, wholesaler, retailer).

3. Intended customers (who will pay for product/service).
4. Who will make or supply your product or service (e.g., subcontractors, in-house/homebased contractors).

5. How many years of experience have you had in the field in which you plan to start, or have already started, your business:
   ___ None ___ Less than 1 year ___ 1-5 years ___ Over 5 years

6. How many years of experience have you had as a manager in a company you did not own:
   ___ None ___ Less than 1 year ___ 1-5 years ___ Over 5 years

7. How many years of experience have you had managing your own business full-time:
   ___ None ___ Less than 1 year ___ 1-5 years ___ Over 5 years

8. Why would you want to participate in the FastTrac program?

   _______________________________________

9. Other comments you would like to share at this time.

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