

Thurston Investment Network

ThINk local for your investment portfolio

Business Application

The Business identified below hereby applies to be considered for a business loan through THINK.

Business Information		Today's Date		
Business Name		Primary Contact Name		
Business Physical Address		Business Mailing Address (if different)		
Business Telephone	Contact Telephone	Contact E-Mail Address		
UBI (State ID#)		Year Business Started		
Has the Business been in continuous operation since starting? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, briefly explain.				
How is the Business structured? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp If other, describe:				
Briefly describe the goods, products, or services the Business provides.				
Estimated Gross Revenue for Current Year	Current Number of Business Owners	Excluding owners, the number of current employees:		
		Full-Time	Part-Time	Seasonal
Owner Information. If more than three (3) owners, submit the Additional Owner Supplement.				
Business Owner 1		Percent Ownership Interest	Owner's Capital Investment	
Residence Physical Address		Personal Mailing Address (if different)		
Home Telephone	Cell Telephone	Email Address		
Does this owner actively work in the Business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the owner's duties.				
Business Owner 2		Percent Ownership Interest	Owner's Capital Investment	
Residence Physical Address		Personal Mailing Address (if different)		
Home Telephone	Cell Telephone	Email Address		
Does this owner actively work in the Business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the owner's duties.				

Business Owner 3		Percent Ownership Interest	Owner's Capital Investment
Residence Physical Address		Business Mailing Address (if different)	
Home Telephone	Cell Telephone	Email Address	
Does this owner actively work in the Business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the owner's duties.			
DISCLAIMER AND WAIVER OF CLAIMS			
<p>By signing and submitting this Business Application, the undersigned understands, acknowledges, and agrees as follows:</p> <ol style="list-style-type: none"> 1. ThINk is a program of the Thurston Economic Development Council Center for Business & Innovation (CB&I). 2. The business submitting this Application is not applying to be a member of ThINk. This Application is for the sole purpose of providing information about the business to be shared with ThINk members who are interested in lending capital to local businesses. 3. CB&I may provide training and support services to businesses and ThINk members, but cannot and does not endorse any business or business request for capital funding. 4. The business submitting this Application authorizes CB&I to release all materials submitted with this Application to ThINk members. 5. Although ThINk Members agree to maintain the confidentiality of documents submitted by any business, CB&I cannot guarantee that such information will remain confidential. The business signing below releases CB&I and its employees, officers, directors, trustees, attorneys, and agents from all claims or liability related to release of confidential information to the fullest extent allowed by law. 			
The applicant signing below has read the foregoing Disclaimer and Waiver of Claims and agrees to its terms.			
The person signing below declares under the penalties of perjury of the laws of the State of Washington that 1) information contained in the foregoing Business Application is accurate, 2) I have authority to submit this Application on behalf of the business, and 3) I have authority to bind the Business and agree to the terms stated above. Signed at _____, Washington on _____. <div style="display: flex; justify-content: space-around; width: 100%;"> City or County Date </div>			
Business Authorized Representative Signature	Printed Name	Title	
X			