

BUSINESS AFFILIATE APPLICATION

Please answer the questions to your best ability. Leave questions blank if they do not apply. For assistance in completing the application, contact the Incubator Director.

I. General Information

Name of Business: _____

Principal Officer(s) and Title(s): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ FAX: (_____) _____

email: _____

- Date Business Established: _____
- Form of Business (LLC, S Corp. etc.): _____
- Current gross sales: \$ _____

2. Company's key management:

A. Name: _____

Position In Company: _____

Experience: _____

B. Name: _____

Position In Company: _____

Experience: _____

C. Name: _____

Position In Company: _____

Experience: _____

3. Brief description of your business:

4. Company's strategy for success:

5. Summarize your market and what your company will bring to the market:

6. List your top 3 competitors:

1. _____
2. _____
3. _____

7. Describe the three greatest threats to the success of your product/business.

1. _____
2. _____
3. _____

8. Describe the stage of your product development: (conceptual, working on prototype, etc.)

9. Summarize your proposed commercialization and marketing/sales strategy:

10. Describe your business' proprietary intellectual property and the steps you have taken to protect it: _____

11. What are your current sources of funding?

12. Describe current and anticipated funding needs and anticipated sources for such funding: _____

13. What stage are you in completing a business plan?

Completed: _____ In process: _____ Not started: _____

Would you like assistance in writing a business plan? yes: _____ no: _____

14. Describe why you think participating in the Incubator will benefit your company: _____

15. List in order of priority the facilities/services and/or expertise you are looking for from Inventure:

1. _____
2. _____
3. _____
4. _____
5. _____

16. Which of the following outside services will you need to assist your management team?

| | |
|--------------------------------|------------------------------|
| Accounting _____ | Legal _____ |
| Financial Consultant _____ | Computer Consultant _____ |
| Marketing Consultant _____ | Product Consultant _____ |
| Business Plan Assistance _____ | Acquisition of capital _____ |
| Other: _____ | |

17. Estimated employment (specify full-time or part-time):

Currently: _____
At time of occupancy: _____
One year later: _____
Upon graduation from Incubator: _____

18. List the individuals who serve as your company's Board of Directors, including their experience in your industry:

1. _____
2. _____
3. _____
4. _____
5. _____

19. Provide three business references, include addresses and phone numbers:

1. _____
2. _____
3. _____

Clearly document and submit with your application the basis of your assumptions/calculations that have been used in preparation of the financial statements. The assumptions should be derived from and be consistent with the information contained in this Application.

Dated: _____ APPLICANT NAME:

By: _____

Print Name: _____

Title: _____

Please return completed application to:

Martin Donnelly, Director
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