



D&B Business Information Form

Welcome to D&B. The information you provide will be used as a basis for credit, insurance, marketing and other business decisions. A D&B business analyst may contact you upon receipt of this completed form to clarify some of the information.

1 - GENERAL INFORMATION		
Business Name	DBA	Date the Business started:
Street Address		
City, State	Zip Code	Number of full & part-time employees, including owners
Mailing Address		
Names of Owners/Officers:		
1.	Title:	Work Phone:
2.	Title:	Fax:
3.	Title:	
2 - OPERATIONS - A DESCRIPTION OF THE BUSINESS FUNCTION		
Describe what the business does:		
Do you offer your product or service on CASH or CREDIT		If you offer credit - please specify billing terms:
Sales territory is: LOCAL NATIONAL REGIONAL INTERNAT'L		The customers of this business are primarily: THE GENERAL PUBLIC COMMERCIAL ACCOUNTS OTHER _____
3 - HISTORY OF THE BUSINESS - HOW THE BUSINESS GOT STARTED		
The legal structure is: Proprietorship Partnership Corporation Other _____	Is trade style registered? YES NO	The dollar amount used to start this business was \$_____
If trade style is registered: City/Town _____ Registered _____ Date registered _____	This money came from: Loans from the owners \$_____ Savings \$_____ *Other \$_____ *Please specify: _____	Date incorporated _____ State where incorporated _____
4 - FINANCE - A LISTING OF THE BUSINESS ASSETS AND LIABILITIES		
If this information has been prepared by your accountant, please attach a copy of the financial statement to this form.		
Date of the figures below: ____ / ____ / ____ The month the fiscal year ends: _____		

Date Month		
Inventory \$ _____	Bank Loans \$ _____	Sales for the period
Net Fixtures/Equip. \$ _____	Accts Payable \$ _____	From ____/____/____ to ____/____/____
Accounts receivable \$ _____	Notes to Owners \$ _____	Sales were \$ _____
Cash in Bank \$ _____	Other Liabilities \$ _____	
Other Assets \$ _____	Monthly Rent \$ _____	Profits for the period
	Fire Ins. on Fixtures\$ _____	From ____/____/____ to ____/____/____
	Equipment \$ _____	Profits were \$ _____

5--BACKGROUND INFORMATION ON THE OWNER(S) / OFFICERS

For the owner(s) outlined in section 1, complete the following (if there are more than 3 owners, attach their resumes to this form):		
Owner #1	Owner #2	Owner #3
Title: _____ Year of Birth _____ College _____ Degree Received _____ Date Rec'd _____ % Stock Ownership _____	Title: _____ Year of Birth _____ College _____ Degree Received _____ Date Rec'd _____ % Stock Ownership _____	Title: _____ Year of Birth _____ College _____ Degree Received _____ Date Rec'd _____ % Stock Ownership _____

List previous work experience for each owner from age 21 or back 25 years from the prest date OR ATTACH RESUME.

Name Owner #1	Positions Held	Yr Started	Yr Ended	Company Name	City	State
Name Owner #1	Positions Held	Yr Started	Yr Ended	Company Name	City	State

List other current and/or previous businesses owned for each owner:							
Owner #1: _____							
Owner #2 _____							
Owner #3 _____							
Bank Names	City	State	Phone Number	Account Number	Contact Person		
1.							
2.							

Signature: _____
Date: _____