



## 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.

<b>1 - GENERAL INFORMATION</b>		
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:	
<b>2 - OPERATIONS - A DESCRIPTION OF THE BUSINESS FUNCTION</b>		
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 _____	
<b>3 - HISTORY OF THE BUSINESS - HOW THE BUSINESS GOT STARTED</b>		
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 _____
<b>4 - FINANCE - A LISTING OF THE BUSINESS ASSETS AND LIABILITIES</b>		
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:** \_\_\_\_\_