

## Contact Information

Company \_\_\_\_\_ Name/Title \_\_\_\_\_  
 Address \_\_\_\_\_ Suite/Bldg # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_  
 E-mail \_\_\_\_\_ Fax Number \_\_\_\_\_

How did you hear about the Kimball Office \_\_\_\_\_

## Demographic Information

### Gender of Majority Business Ownership

Male  Female

Is your company a certified Woman Owned Enterprise (WBE)?  Yes  No  
**Are you a Veteran**  Yes  No

### Ethnicity of Majority Business Ownership

Black/African American  White/Caucasian  Latino  Asian and Pacific Islander  Native American, Eskimo and Aleut

Multi-racial  Other \_\_\_\_\_ Is your company a certified Minority Owned Enterprise (MBE)?  Yes  No

## Business Information

Date Established \_\_\_\_\_ (FEIN) \_\_\_\_\_

Federal Employer Identification Number (**no social security numbers**)

### What is your current business status?

Start-up (has generated revenue for 3 years or less)  Established (has generated revenue for greater than 3 years)

### What are your annual sales? How many people does your company employ?

	2007 Actual	2008 Actual	2009 Actual	2010 Projected	2011 Projected
Sales	\$	\$	\$	\$	\$
Net Income	\$	\$	\$	\$	\$
FTE Employees*					

Please indicate the current number of minority employees \_\_\_\_\_

### What are the dollar amounts of your three largest contracts (dollar amounts)?

Largest Contract \_\_\_\_\_ 2<sup>nd</sup> Largest Contract \_\_\_\_\_ 3<sup>rd</sup> Largest Contract \_\_\_\_\_

### Which industry best describes your business?

Service  Food Industry  Retail  Wholesale  Healthcare  Construction  Environmental  Technology  
 Research/Development  Manufacturer/Producer  Non Profit  Other, please specify \_\_\_\_\_

Please describe your product or service \_\_\_\_\_

### Please check all that apply to you and your business.

Sole Proprietorship  Family-Owned  Partnership  Corporation  Limited Liability  Sub S Corporation  
 Privately-Held  Publicly-Held

## Financing History

How is your business financed? Please check all that apply.

### Debt

- |  |  |
|--|--|
| <input type="checkbox"/> Commercial Bank | <input type="checkbox"/> Micro-lender      |
| <input type="checkbox"/> Personal Loan   | <input type="checkbox"/> Finance Company   |
| <input type="checkbox"/> Credit Line     | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Credit Card     | <input type="checkbox"/> Factoring Company |

### Equity

- |  |  |
|--|--|
| <input type="checkbox"/> Yourself, Friends, Family         | <input type="checkbox"/> Retained Earnings |
| <input type="checkbox"/> Angel/VC Investors                | <input type="checkbox"/> Government Grants |
| <input type="checkbox"/> Public Stock                      | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Employees (Stock Ownership Plans) |  |

If you have obtained debt financing, what amount have you received? \_\_\_\_\_

If you have obtained equity financing, what amount have you received? \_\_\_\_\_

## Sales and Marketing

Does your business have a written business plan?

If yes, please provide a copy when you return this form.

Yes  No

Has it been updated in the past 6-9 months?

Yes  No

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email information to: [kosupplierdiversity@kimball.com](mailto:kosupplierdiversity@kimball.com)

or mail a copy to Joe Moya 1600 Royal Street, Jasper, Indiana 47549.