

**Business Assistance Request**  
**Texas Center for Rural Entrepreneurship (TCRE)**

This Business Assistance Request must be completed and submitted for you to receive assistance with your business from TCRE. This information is for the explicit use of TCRE in communicating with its resource providers. Submission of this form will initiate communication that will result in a business consultation with a TCRE resource provider.

Business Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip code: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Fax No: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cellular No: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email address: \_\_\_\_\_

Web site URL: \_\_\_\_\_

How is your business organized?

- Sole Proprietorship
- Partnership
  - General
  - Limited
- Limited Liability Company
- Sub Chapter S Corporation
- C Corporation
- Agricultural Cooperative
- Nonprofit Corporation

This profile is for a (check one):   \_\_ Start up business       \_\_ Expansion of a business

Date business started \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yr)

My company is involved in the following activities (check all that apply):

- \_\_ Manufacturing
- \_\_ Processing
- \_\_ Wholesaling
- \_\_ Brokering
- \_\_ Retailing
- \_\_ Distribution
- \_\_ Services
- \_\_ Other (please list):

Briefly describe your business by responding to the following: (if additional space required please attach additional pages)

Describe your product and/or service lines:

Describe your competitive advantages:

Describe your unique market opportunities including your target markets:

Describe the important business strengths that differentiate your company:

Describe any critical challenges you and your business face:

Share any other comments about your company that would help us match you up with services and capital:

Does your company have a current completed business plan? Yes \_\_\_\_ No \_\_\_\_ in progress \_\_\_\_

Does your company have a current completed feasibility study? Yes \_\_\_\_ No \_\_\_\_ in progress \_\_\_\_

Does your company have a current operations plan? Yes \_\_\_\_ No \_\_\_\_ in progress \_\_\_\_

Does your company have a current set of financial statements (Balance sheet, Income statement, cash flow, or others)? Yes \_\_\_\_ No \_\_\_\_ If yes, list those that are currently available:

Describe your management team. Explain what could be done to strengthen your management team.

To how large a market area do/will you sell products or services: (check one)

- Local
- Region in State
- State
- Multi-state region
- National
- International

Do you have adequate financial resources: Yes \_\_\_\_ No \_\_\_\_ Not sure \_\_\_\_ If answer is anything other than yes, describe each of the following three items:

Your immediate needs:

Your short term needs for next 3 years:

Your long term needs for more than 3 years from now:

Describe your current facilities and any projected needs.

List the banks and other capital sources you have approached and describe the outcome of each inquiry:

Describe your current banking arrangements and relationships:

Do you have other sources of capital? Yes \_\_\_\_ No \_\_\_\_ Maybe \_\_\_\_ List other sources:

Have you considered both debt and equity financing? Yes, \_\_\_\_ No, \_\_\_\_ Not sure\_\_\_\_  
Need help determining\_\_\_\_If no, explain why not?

Describe the items you think are required to get your business to the next level of performance:

What assistance are your needing at this time?

Printed name\_\_\_\_\_ Date signed\_\_\_\_\_

Signature\_\_\_\_\_

Position with company\_\_\_\_\_

Submit completed form to:

TCRE attn: Greg Clary

2207 Heather Lane

Tyler, TX 75703

fax to 903.834.6257

email to g-clary@tamu.edu