



MBDA BALTIMORE BUSINESS CENTER – CLIENT INTAKE FORM

Contact Information			
Company Name		Telephone Number () Ext.	
Contact Name & Title		Fax Number ()	
Mailing Address		Mobile Phone ()	
Address Line 2		E-mail Address:	
City/State/Zip Code		Website:	
Who is your point of contact?			
How did you hear about the Baltimore MBDC			
Demographic Information			
Ethnicity of Majority Business Ownership <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and Pacific Islander <input type="checkbox"/> Latino <input type="checkbox"/> Native American, Eskimo & Aleut <input type="checkbox"/> Other	Officer Title	Name	Ethnicity
Gender of Majority Business Ownership	Is your company a certified Minority Owned Enterprise (MBE) and/or Disadvantaged Business Enterprise (DBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female (50/50)	Please Specify: _____ _____ _____		



MBDA BALTIMORE BUSINESS CENTER – CLIENT INTAKE FORM

Business Information

Revenue

Net Profit/Loss

2022 \$ _____

\$ _____

2021 \$ _____

\$ _____

2020 \$ _____

\$ _____

Primary NAICS Codes

Is your business currently exporting?

Annual exporting sales total

1) _____

Yes

No

\$

2) _____

If yes, what countries?

3) _____