



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: <hr/> <hr/> <hr/>		



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Business Information

Revenue		Net Profit/Loss		
2020	\$ _____	\$ _____		
2019	\$ _____	\$ _____		
2018	\$ _____	\$ _____		
Primary NAICS Codes		Is your business currently exporting?		Annual exporting sales total
1)	_____	Yes	No	\$
2)	_____	If yes, what countries?		
3)	_____			