

** = Required Field

APPLICATION DETAILS

| | |
|---|--|
| About Your Business | |
| Business Location** <input type="checkbox"/> Home Based Office <input type="checkbox"/> Non Home Based Office <input type="checkbox"/> Non Home Based operating from more than one location | |
| Is Your Company a Franchise? ** | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Where Do You Sell? ** | Select all that apply: <input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> International |
| What is the Name of the Franchisor | |
| Where are you Exporting to? ** | Select all that apply: <input type="checkbox"/> USA <input type="checkbox"/> Mexico <input type="checkbox"/> Europe <input type="checkbox"/> China <input type="checkbox"/> Other |
| Is Your Company a Franchisor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| % Total Revenues from Export ** | Do You Have Subsidiaries or Franchises? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # Customers in Foreign Markets ** | Provide Examples of Target Market ** |
| Revenue Year Details (in CAD) | |
| Most Recent Revenue Year ** | Most Recent Annual Revenue ** |
| Previous Revenue Year | Previous Year's Annual Revenue |
| Additional Revenue Year | Additional Year's Annual Revenue |
| Optional Questions | |
| Where did you hear about WEConnect? | Select all that apply: <input type="checkbox"/> Corporation <input type="checkbox"/> Qualified Business <input type="checkbox"/> Government <input type="checkbox"/> Media <input type="checkbox"/> Partner Organization <input type="checkbox"/> Other <input type="checkbox"/> WEConnect Canada |
| From which Corp/Org/Individual | |
| % Spending on Women Owned Businesses | Select one: <input type="checkbox"/> 0% <input type="checkbox"/> 20-30% <input type="checkbox"/> 50-60% <input type="checkbox"/> 80-90% <input type="checkbox"/> 1-10% <input type="checkbox"/> 30-40% <input type="checkbox"/> 60-70% <input type="checkbox"/> 90-100% <input type="checkbox"/> 10-20% <input type="checkbox"/> 40-50% <input type="checkbox"/> 70-80% |
| Upon certification, would you be willing to create a Supplier Diversity program within your company to support women owned businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Age When Started or Acquired Business | What is Your Ethnic Origin? |
| Source of Financing or Seed Money | Select all that apply: <input type="checkbox"/> Savings <input type="checkbox"/> Angel or VC Investors <input type="checkbox"/> Family and Friends <input type="checkbox"/> IPO <input type="checkbox"/> Bank Loan <input type="checkbox"/> Other (specify details in box on the left) |
| Highest Formal Education | Select one: <input type="checkbox"/> High School <input type="checkbox"/> University undergrad degree <input type="checkbox"/> Doctorate <input type="checkbox"/> College Diploma <input type="checkbox"/> Post-grad degree |
| Industry Specific Training/Qualification | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Training & Qualification Details | |

MY BUSINESS

| Business Details | |
|---|---|
| Business Trade Name** | Former Business Name |
| Registered Business Name** | Short Business Description** |
| Headquarters Location Address | |
| Main Address Street** | Main Address City** |
| Main Address State/Province and Zip/Postal Code** | Main Address Country** |
| Website** | Company Email** |
| Phone** | Fax |
| Mailing Address – Complete if applicable | |
| Mailing Address Street | Mailing Address City |
| Mailing Address State/Province and Zip/Postal Code | Mailing Address Country |
| Primary Product/Service Information | |
| Primary Product/Service** (Select all that apply) <input type="checkbox"/> Agriculture and Forestry <input type="checkbox"/> Food Services <input type="checkbox"/> Retail Trade <input type="checkbox"/> Architecture <input type="checkbox"/> Health Care/Medicine <input type="checkbox"/> Science <input type="checkbox"/> Arts and Entertainment <input type="checkbox"/> Human Resources <input type="checkbox"/> Social Services <input type="checkbox"/> Banking and Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Technology Hardware <input type="checkbox"/> Biotechnology <input type="checkbox"/> Manufacturing <input type="checkbox"/> Technology Services <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Technology Software <input type="checkbox"/> Business Support <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Telecommunications <input type="checkbox"/> Construction <input type="checkbox"/> Professional Services <input type="checkbox"/> Transportation <input type="checkbox"/> Defense <input type="checkbox"/> Public Administration <input type="checkbox"/> Travel and Tourism <input type="checkbox"/> Education <input type="checkbox"/> Real Estate <input type="checkbox"/> Utilities <input type="checkbox"/> Electricity, Gas and Oil <input type="checkbox"/> Recreation <input type="checkbox"/> Warehousing <input type="checkbox"/> Fishing and Hunting <input type="checkbox"/> Remediation <input type="checkbox"/> Waste Management <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Rental and Leasing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Other (please specify below) | |
| List up to five other Products/Services offered: | |
| Description of All Products and Services** | |
| Supplement Business Information | |
| Year Established** | NAICS # |
| Legal Structure** | Select one: <input type="checkbox"/> Incorporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (specify details below) <input type="checkbox"/> General Partnership |

| | |
|--|--|
| Business Registration Number or GST** | Legal Structure Details |
| # Full-Time Employees** | Dun & Bradstreet Number (DUNS) |
| # Part-Time Employees** | ISO or Other Professional Certifications |
| # Contractors Hired on a Regular Basis** | Year Acquired by Current Owner** |

REFERENCES

| Reference Details | |
|--------------------------------------|---|
| First Name** | Last Name** |
| Company/Organization Name** | |
| Contact Phone** | Contact Email** |
| Products/Services Provided** | |
| Bank and Credit Information | |
| Banking Institution Name** | |
| Outstanding Credit Line or Loans? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bank Authorize Line of Credit Amount | Who is authorized to sign cheques? |
| State Signing Authority** | Select one: <input type="checkbox"/> Sign alone <input type="checkbox"/> Two or more to sign together |
| Professional Advisor | |
| Professional Advisor Type** | Select one: <input type="checkbox"/> Lawyer <input type="checkbox"/> Banker <input type="checkbox"/> Accountant <input type="checkbox"/> Other |
| Advisor Company Name** | |
| Advisor First Name** | Advisor Last Name** |
| Advisor Phone | Advisor Email |

OWNER(S)/MANAGERS

| Owner(s)/Managers | |
|--------------------------|--|
| First Name** | Last Name** |
| Ownership and Voting %** | _____ % (Ownerships) _____ % (Voting) |
| Title** | |
| Day-to-Day Management** | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Management Type** | Select all that apply: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Line Manager |
| Gender** | <input type="checkbox"/> Female <input type="checkbox"/> Male |

| | | |
|--|---|--|
| Authority | Select all that apply: <input type="checkbox"/> Responsible for day-to-day operations <input type="checkbox"/> Signing authority for lines of credit <input type="checkbox"/> Responsible for hiring/firing decisions <input type="checkbox"/> Supervises delivery and/or production <input type="checkbox"/> Signing authority for cheques <input type="checkbox"/> Supervision of marketing and sales <input type="checkbox"/> Signing authority for contracts <input type="checkbox"/> Approves major purchases/acquisitions | |
| Ownership Contribution | | |
| Asset(s) Contributed | Select all that apply: <input type="checkbox"/> Cash <input type="checkbox"/> Equipment <input type="checkbox"/> Property <input type="checkbox"/> Expertise <input type="checkbox"/> Vehicle <input type="checkbox"/> Not Applicable | |
| Total Monetary Value | Describe Asset(s) Contributed | |
| Ownership/Management in Other Companies | | |
| Own/Manage Other Companies? __Yes __No | Other Company Product/Service | |
| Other Company Name | Other Company Business Relationship | |
| Other Company Job Title | Other Company Ownership % | |

OTHER OWNER(S)/MANAGERS

| | | |
|--|---|--|
| Owner(s)/Managers | | |
| First Name | Last Name | |
| Ownership and Voting % | _____ % (Ownerships) _____ % (Voting) | |
| Title | | |
| Day-to-Day Management | __Yes __No | |
| Management Type | Select all that apply: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Line Manager | |
| Gender | __Female __Male | |
| Authority | Select all that apply: <input type="checkbox"/> Responsible for day-to-day operations <input type="checkbox"/> Signing authority for lines of credit <input type="checkbox"/> Responsible for hiring/firing decisions <input type="checkbox"/> Supervises delivery and/or production <input type="checkbox"/> Signing authority for cheques <input type="checkbox"/> Supervision of marketing and sales <input type="checkbox"/> Signing authority for contracts <input type="checkbox"/> Approves major purchases/acquisitions | |
| Ownership Contribution | | |
| Asset(s) Contributed | Select all that apply: <input type="checkbox"/> Cash <input type="checkbox"/> Equipment <input type="checkbox"/> Property <input type="checkbox"/> Expertise <input type="checkbox"/> Vehicle <input type="checkbox"/> Not Applicable | |
| Total Monetary Value | Describe Asset(s) Contributed | |
| Ownership/Management in Other Companies | | |
| Own/Manage Other Companies? __Yes __No | Other Company Name | |
| Other Company Business Relationship | Other Company Product/Service | |
| Other Company Ownership % | Other Company Job Title | |