

Women's Economic Development Agency (WEDA)

Personal Information

Title Last Name First Name Middle Initial

Mailing Address

City State Zip Code County

Daytime Telephone No. Evening Telephone No. e-mail Address

Gender (check one) Male Female Age
 Race (check one) White Black Hispanic Asian/Pacific Islander American Indian Other (List)
 Marital Status (check one) Single Married Divorced Widowed
 Educational Status (check one) No High School Diploma High School Diploma G.E.D. Some College College Graduate Other (List)

Check here if you do NOT want to receive emails from WEDA

No. of Children Under 18 In Home Annual Household Income \$ Do you have Any Disabilities? (check if yes) If Yes, Please Explain

Within Last Two (2) Years, Have You Received (check if yes):

Aid to Families w/Dependent Children Temporary Assistance to Needy Families

Veteran Status (check one)

Non-Veteran Veteran Service-Connected Disabled Veteran

Reason for Participation

Business Information

Are You Currently in Business? If Yes, How Many Years Name of Business

Street Address of Business City State Zip Code County

Telephone No. Products/Services of Business Annual Sales \$ Number of Employees (non-owners)

How Did You Learn of our Program(s)? (check one)

Word of Mouth Newspaper Internet WEDA postcard Smooth Moovve/ Adrienne Simpson Client Referral Client Name:

Statement of Understanding

I request business start-up and/or management assistance through Women's Economic Development Agency, Inc. ("WEDA"). I agree to cooperate should I be selected to participate in surveys designed to evaluate WEDA or any organization(s) it may be working with, including but not limited to the U.S. Small Business Administration (SBA), Service Core of Retired Executives (SCORE), Small Business Development Centers (SBDC), Fulton County and Innovative Bank. I authorize WEDA, SBA, SCORE, SBDC, Fulton County and Innovative Bank to furnish relevant information to the assigned counselor(s) and I expect this information will be held in strict confidence by her or him. I agree to abide by the rules governing WEDA, SBA, SCORE, SBDC, Fulton County and Innovative Bank and/or any other resource provider through WEDA. I agree to hold harmless and waive any and all claims against WEDA, SBA, SCORE, SBDC, Fulton County, Innovative Bank or any other resource provider through WEDA.

I understand this form is not a contract, nor is this program a guarantee for my business' success. I understand that any advice received from WEDA, SBA, SCORE, SBDC, Fulton County, Innovative Bank or any other resource provider through WEDA, is not intended to be a substitute for legal or financial advice, and that I should consult my Attorney and/or Certified Public Accountant for advice as to my specific concerns. I further understand that there may be a fee for some services and training made available through WEDA; however, before I am subject to such fees, the terms will be explained completely and to my satisfaction and I will have agreed to said conditions. All fees are non-refundable.

Signature of Client Date

Signature of Counselor Date