



103 Rotary Drive Hazleton, Pennsylvania 18202  
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## Application for Virtual Assistance

To officially apply for virtual assistance, you will need to submit: 1) a completed application form, 2) a copy of your business plan, including three-year financial projections and 3) provide any pertinent information that will help us understand your business.

### CONTACT INFORMATION:

Founder's name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Partner(s)/Principal(s) Name: 1. \_\_\_\_\_ Phone: \_\_\_\_\_

% ownership: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

% ownership: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

% ownership: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

% ownership: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUSINESS INFORMATION**

New Business: \_\_\_\_\_ Existing Business: \_\_\_\_\_ Year Established: \_\_\_\_\_

Where was the Business Started? \_\_\_\_\_

# Of Employees: Full \_\_\_\_\_ Part \_\_\_\_\_

Legal Structure of Business: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation(C, S, or LLC)

Please Describe the Business: \_\_\_\_\_ Ideal Stage \_\_\_\_\_ Early Stage

- \_\_\_\_\_ Prototype Stage- (manufactured & sold in small quantities)
- \_\_\_\_\_ Developmental Stage- (product maturity, sales volume & management capability)
- \_\_\_\_\_ Expansion Stage- (capable of standing on your own)

Briefly describe your business, product, service, and associated technology:

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Please list the type of services/assistance your company will require:

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How did you hear about us? \_\_\_\_\_

Additional comments: \_\_\_\_\_

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NOTE: In order to be considered for the incubator program and to expedite the process, please include the following:

- 1) Completed application form

2) Copy of your business plan, including three-year financial projections

**I verify that this information is current, accurate, and that it may be confirmed.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_