MDL Private Equity LLC APPLICATION

Business Name	
Business Website	
Product/Service Des	cription
What was your gross [Select Opt	revenue Year-To-Date 2017?
l	
What was your gross [Select Opt	
[56:50: 5]	
Owner's Name	
First	Last
	Lust
Home Address	
Church Adduses	
Street Address	
Address Line 2	
City	State / Province / Region
City	State / Frovince / Region
Postal / Zip Code	Country
Business Phone	
XXX - XXX	- XXXX
Personal Cell Phone	AAAA
<u> </u>	
XXX XXX	XXXX
Alternate Phone	
XXX XXX	XXXX

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Email
Facebook URL
Twitter URL
How did you hear about this opportunity?
Please describe your business in detail.
How did you some up with the idea for your business?
How did you come up with the idea for your business?
How long have you been in business?
Do you have any business partners? If so, please provide their name(s).
How many employees do you have besides yourself or your partner(s)?
How much have you invested into your company?

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What has been your biggest challenge with your business?		
How do you feel your business could be improved?		
What part of your business do you feel is suffering the most (staff, customer service, etc.)?		
Is your business currently profitable? If so, what is your annual profit margin?		
What are your short-term goals for your business?		

ATTACH VIA EMAIL WITH APPLICATION

• Please feel free to share photos and any documents relating to your business with MDL Private Equity LLC.