



# B.E.S.T.

# Numbers Accelerator

## Business Entrepreneurial Stewardship Training

### ENTERPRISER REGISTRATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail \_\_\_\_\_ Text?  Yes  No

Session Enrollment Date \_\_\_\_\_ Business Start Date \_\_\_\_\_  
Type Of Business \_\_\_\_\_  
Business Name \_\_\_\_\_

1. Describe your current business or proposed enterprise in 50 words or less. (If uncertain, describe general idea for your product or service.)

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2. Is your business (check one)  Local?  Regional?  Global / International?  Franchise?

3. Who are your major or target customers?

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4. Have you owned and operated a business before?  Yes  No If yes, please explain.

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5. Is it a priority for you to own and operate a business and to create employment?  Yes  No  
If no, please explain why.

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6. How does your immediate family (spouse, children, etc.) feel about your owning and operating a business?

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7. How much working capital does your business need to achieve growth to the next stage and what are its uses?

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8. Describe two or three of your milestones which you feel may be accomplished with access to working capital.

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9. Is your business (check one)     Office/Storefront?     Retail?     Home-Based?     Internet?

10. Have you taken business courses or seminars during the last five years?     Yes     No  
 If yes, what were they and when? \_\_\_\_\_

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11. What is your business revenue history? \_\_\_\_\_

What was your best year for operation?    Fiscal Year: \_\_\_\_\_  
 (check one)     Under \$50,000     \$50,000 - \$100,000     \$100,000 - \$250,000  
                    \$250,000 - \$500,000     \$500,000 - \$1,500,000     Other \*\*

\*\* If other, please share range \_\_\_\_\_

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12. What devices or technology will you use to access the BEST Numbers Accelerator Webinars?

iPad     iPhone     Android Tablet     Android Phone     PC Laptop     MacPowerbook

If none of the above, which devices will you use? \_\_\_\_\_

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13. What are your expectations of the BEST Numbers Accelerator in helping you as a successful entrepreneur?

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14. How did you first hear about the BEST Numbers Accelerator Program?    (check one)

<input type="checkbox"/> BEST Alumni	<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Website / Internet Search
<input type="checkbox"/> Social Media	<input type="checkbox"/> Radio / TV	<input type="checkbox"/> Blog
<input type="checkbox"/> BEST Brochure or Flyer	<input type="checkbox"/> Podcast	<input type="checkbox"/> Professional Referral
<input type="checkbox"/> Newspaper	<input type="checkbox"/> E-Mail Blast	<input type="checkbox"/> Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this Application with your Letter of Introduction via U.S. Mail, fax or e-mail PDF to attention:



BEST Numbers Accelerator Candidate  
 Post Office Box 241527  
 Los Angeles, California 90024  
 844.286.3704 or Fax 844.288.5137  
 E-Mail: [Success@BEST-Genesis.com](mailto:Success@BEST-Genesis.com)



*Thanks very much for registering! We'll look forward to seeing you at the Webinar Series! Much Success!*