

Application for Guaranty Bank Business Development Program



Name of Applicant: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Please attach copy of Credit Score Only (Do not send credit report)

Have you taken a personal financial education class in the past two years? Yes No

If so, provide name, location and date. _____

Are you a previous business owner? Yes No

If so, what type of business? _____

Are you currently in business? Yes No

If so, what type of business? _____

Do you have a business idea in mind? Yes No

The Guaranty Bank Small Business Development class will be held for six consecutive weeks, one night per week, for approximately two and one half hour sessions. Topics taught will include:

- Business Description
- Marketing Plan
- Production/Operations Plan
- Management Plan
- Financial Plan

Please return this application to any Guaranty Bank location in care of Clifton E. Williams or mail to Post Office Box 657, Belzoni, MS 39038.