



Springboard Simplifies™

Business and Service Application

Name: _____ Phone: _____ Cell: _____
 Bus. Address: _____ City: _____ State: _____ Zip: _____
 E-mail : _____ Website: _____
 Business Memberships: _____ Certifications: _____
 Years in Business: _____ Civic/Community Service: _____

Describe how your business or services help simplify people’s lives: _____

Are there any special offers you wish to extend to our clients: _____

Describe your customer service philosophy or expectations: _____

Do you have a marketing logo? (Y/N) a slogan or tagline? “ _____ ”

What best describes your interest in **Springboard™**? ___ business growth ___ marketing ___ community goodwill ___ sense of service ___ networking ___ other: _____

Would you be interested in: () writing short articles for our newsletters and website?
 () being a speaker at workshops? () serving in an advisory capacity to **Springboard**?
 How did you learn about **Springboard**? _____

Were you referred by a **Springboard** Provider? (y/n) If yes, who? _____

Please list 2 business references:

Name: _____ phone/email: _____ Profession: _____
 Name: _____ phone/email: _____ Profession: _____

Please sign and return with

- Network Services Provider Agreement, any business brochures
- Sample marketing materials if available, and
- Check payable to:

The *Springboard* Group, 3420 Pump Road #237, Richmond, VA 23233

Your application will be reviewed and you will be contacted if additional information is needed. Thank you.

_____ applicant signature _____ date