

BUSINESS IN THE BLACK

FUNDING YOUR ENTREPRENEURIAL
JOURNEY



Business in the Black

Elite Wealth & Capital Consulting Package Application for Enrollment

Unlock Capital. Build Legacy. Invest in Freedom.

Applicant Information

Full Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City/State/Zip: _____

Business or Investment Background

Are you applying as:

☐ Individual

☐ Business Owner

☐ Investor

☐ Other: _____

Business Name (if applicable): _____

Website or LinkedIn Profile (optional): _____

Business Type: _____

Years in Business: _____

Financial Readiness

Personal Credit Score Range:

☐ Below 600 ☐ 600–649 ☐ 650–699 ☐ 700+

Business Credit Score (if known):

☐ Below 50 ☐ 50–79 ☐ 80+ ☐ Not Established

Do you currently have business credit established?

☐ Yes ☐ No ☐ In Progress

Have you ever received capital funding before?

☐ Yes ☐ No

If yes, how much? \$ _____

Are you currently seeking funding for:

- ☐ Business Expansion
☐ Real Estate Investment
☐ Working Capital
☐ Homeownership
☐ Other: _____



Goals & Intentions

What are your top 3 financial goals for the next 12 months?

1. _____
2. _____
3. _____

What do you hope to gain from the Elite Wealth & Capital Consulting Program?



Subscription & Payment Preferences

Which plan are you most interested in?

- ☐ Standard Access (\$149/month)
☐ Growth Access (\$299/month)
☐ **Elite Founders Plan (\$499/month)**

Would you like to request financing or a payment plan?

☐ Yes ☐ No

Agreement & Submission

By submitting this application, I confirm that all information provided is accurate and complete to the best of my knowledge. I understand that this is an application to join the *Business in the Black* Elite Wealth & Capital Consulting Package, and that enrollment is subject to approval.

Signature: _____

Date: _____

Submit Application

Email to: tbailey@capitalcitymtg.com

Or apply online at: [www.BusinessInTheBlack.com/apply]