WHEELER BUSINESS CONSULTING LLC
LEASING SCHOOL APPLICATION

(All information on this application is confidential)

PLEASE PRINT OR TYPE

Name: _____

Address: _____
Street City State Zip Code

Home phone: _____ Cell phone: _____

Best time to call: _____

Email address: _____ Fax number: _____

Do you have any previous sales experience? (If yes, number of years)

_____

Do you have any previous financial work experience or finance classes?
(If yes, explain)

_____

Highest Level of Education:_____ Years of Managerial Experience:_____

What is your time frame for starting your business?

_____

Available capital on hand to start your business

_____

What is your current work status? (Currently employed, unemployed, in transition)

_____

A current resume must accompany this application

_____ _____
Applicant's Signature Date

This application may be returned by email to: Scott@wheelerbusinessconsulting.com
Or by fax: 410-877-8161
Or by mail: Wheeler Business Consulting LLC
1314 Marquis Court Fallston, MD 21047