

Information Form

for

Tenants of

Audubon Business and Technology Center

Columbia University Medical Center

Instructions:

Please complete this application and return it with 2 copies of your Business Plan, R & D plan, recent financial statements, resumes of principals and other supporting documentation to:

Jennifer Colon
Audubon Business and Technology Center
Columbia University
3960 Broadway
New York, NY 10032
Email: jed32@columbia.edu

FAX: (212) 851-0448

Company Name: _____

Contact: _____

Mailing Address: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Incorporated in: State _____ Year _____

Operations began/will begin in (month/year): _____

Business Purpose/Products or services provided:

Bio-safety level of research done by the firm*:

** No research will be allowed on the Audubon Research and Technology Center above the Level 2 Bio-Safety standard.*

Space Requirements

Approximate size desired: Wet Lab SF _____ Office/ Other SF _____

Air _____ Vacuum _____ Hoods _____ Gases _____ Benches _____

Cold Room _____ Warm Room _____ Haz/ Rad Materials _____

Clean room _____ Others (specify) _____

Use of live animals (species/number) _____

Length of lease desired: 1 year _____ 2 years _____

Approximate Required Occupancy Date: _____

Amount to be invested in leasehold improvements: _____

Principal: _____

Principal: _____

SS#: _____

SS#: _____

Drivers License No. & State:

Drivers License No. & State:

Home Address: _____

Home Address: _____

Phone: _____

Phone: _____

Partner: _____

Partner: _____

SS #: _____

SS#: _____

Drivers License No. & State:

Drivers License No. & State

Home Address: _____

Home Address: _____

Phone: _____

Phone: _____

Person Authorized to Negotiate/ Contract on Behalf of Company (Name, Title and Phone:

Number of Employees: FT _____ PT _____ Science/Rsch _____ Tech/Other _____

Relationship (s) with Columbia University:

Does firm qualify as Woman or Minority Owned Enterprise? _____

Experience

Name of Business: _____

Address: _____

Business Type: _____

Years in Operation: _____

Ownership
Structure: _____

Name of Business: _____

Address: _____

Business Type: _____

Years in Operation: _____

Ownership
Structure: _____

Name of Business: _____

Address: _____

Business Type: _____

Years in Operation: _____

Ownership
Structure: _____

Name of Business: _____

Address: _____

Business Type: _____

Years in Operation: _____

Ownership
Structure: _____

References

Bank: _____

Bank: _____

Address: _____

Address: _____

Contact: _____

Contact: _____

Acct #: _____

Acct #: _____

Business/Trade

Name: _____

Name: _____

Address: _____

Address: _____

Contact: _____

Contact: _____

Phone #: _____

Phone #: _____

CERTIFICATION STATEMENT

“I/we declare that I/we have examined the information form I/we am/are submitting and to the best of my/our knowledge and belief it is truthful and accurate. I/we agree that if anything arises which changes any of the statements I/we have made, I/we will promptly tell you. I/we represent that the property will not be used for any restricted or illegal purpose. You may exchange credit information about me/us with others, including my/our banks. You may request a credit report on me/us and if I/we ask, you will tell me/us the name and address of the consumer-reporting agency that furnished it. In addition, you may request a criminal check of my/our background.”

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

(One copy must be filled out and signed for each partner).

AUTHORITY TO RELEASE CREDIT AND CRIMINAL INFORMATION

To whom it may concern:

I hereby authorize _____, or their designated representatives, with this release, or a copy thereof, to obtain information from credit bureaus and law enforcement agencies relating to my activities.

I hereby authorize you to provide such information and hereby release you, as the custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs or assigns, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of the release, you may contact me.

Signature: _____
Full Name

Please Print

Full Name: _____

Social Security No.: _____

Date of Birth: _____

Other Names Used: _____

Date Signed: _____

Current Address: _____
Street Address and/or PO Box

City, State and Complete Zip Code

Telephone No.: _____

Signature of Witness: _____