MISSISSIPPI BUSINESS FINANCE CORPORATION

CHECKLIST OF INDUCEMENT REQUIREMENTS FOR INDUSTRIAL DEVELOPMENT REVENUE BOND FINANCING

COMPANY NAME:			
COMPANY ADDRESS:			
COMPANY CONTACT: (Address, Phone & Fax)			
PRINCIPAL OWNERS: (Address, Phone & Fax)			
TYPE OF BUSINESS:			
SIC CODE:			
OUTSTANDING BOND ISSUES:			
PROJECT DESCRIPTION:			
IN STATE LOCATION & ADDRE (Include City & County)	SS:		
NEW OR EXPANSION?:	PARTICIPATIN	IG IN RED PROGRAM?: YES	_ NO
AMOUNT OF REQUEST: \$	TOTAL	PROJECT AMOUNT \$	
TERM:			
USE OF BOND PROCEEDS:			
LAND \$	_BUILDING \$	EQUIPMENT \$	
LETTER OF CREDIT BANK OR E (Officer Contact & Phone #)	OND PURCHASER:		
CURRENT # OF JOBS:	AFTER PROJECT:	NET NEW JOBS:	
ANNUAL PAYROLL IN MS: CURRE	ENT: \$	ANTICIPATED: \$	