



BSNC SHAREHOLDER
DEVELOPMENT PROGRAMS



Shareholder-Owned Business Form

Part I – SHAREHOLDER INFORMATION

Last Name

First Name

M.I.

SSN (Last 4 Digits)

Part II – BUSINESS INFORMATION

Business Name

Street Address

Apt/Suite/Unit

City

State

Zip Code

Country

Type of Industry

Year Business Opened

Service Areas

Active Owner Participant: Yes No

Number of Employees

Part III – BUSINESS CONTACT INFORMATION

Business Email Address

Business Phone Number

Business Website



**BSNC SHAREHOLDER
DEVELOPMENT PROGRAMS**



Part IV – SOCIAL MEDIA LINKS

Facebook

Instagram

Twitter

TikTok

LinkedIn

Would you like your company information to visible to BSNC?	Yes	No
Would you like your company information visible to Shareholders?	Yes	No
Would you like your company information visible to the Public?	Yes	No

Part V – ADDITIONAL COMMENTS

Please Provide any Additional Comments Below:

Signature

Date

By signing this form, I acknowledge and understand that the BSNC Shareholder-Owned Business Directory is for informational purposes only. I understand that BSNC is not warranting, evaluating, recommending, or endorsing my business, services, or products. I further understand and agree that should my business information change, or should I no longer want my information available to BSNC, shareholders, or the public, it is my duty to inform BSNC of the change(s). I understand that BSNC reserves the right to list, update, or remove a listing at its exclusive discretion.