

Agency: Pennsylvania Department of Community and Economic Development

Applicant: TEST

Web Application #: 8401366

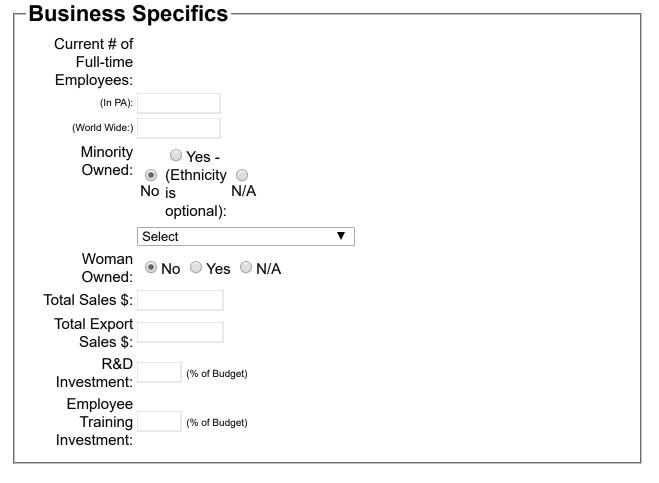
Company: TEST

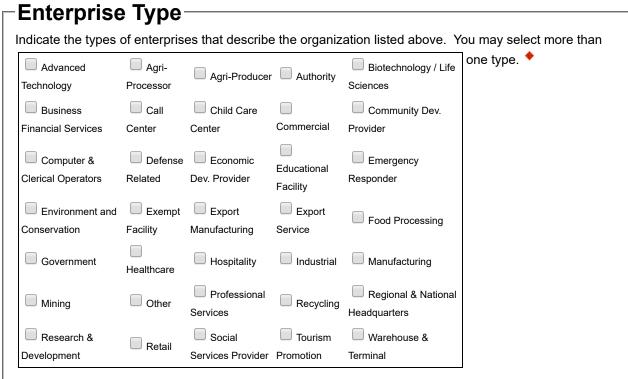
Program: COVID-19 Working Capital Access Program

Program Fact Sheet Program Guidelines

## **Company Information**

	COPY FROM APPLICANT			
Company	Climited Liability Partnership		O Partnership	•
Entity Type:	<ul><li>Government</li></ul>		O Non-Profit Corporatio	n
	Sole Proprietorship		<ul> <li>Limited Liability Comp</li> </ul>	pany
	S Corporation		○ C Corporation	
Company Name:				•
NAICS Code	•	•		
FEIN:	•	•		
*Please enter FEIN as 9 digits, no dash.				
DUNS Number:				
CEO:				•
CEO Title:				•
SAP Vendor #:	(xxxxxx or xxxxx	(x-xxx)		
Contact Name:				•
Contact Title:				•
Phone:		◆ Ext.		
	(xxx-xxx-xxxx)			
Fax:				
E-mail:				
Mailing Address:			// •	
City:				•
State:	PA ▼			
Zip Code:		•		





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