

Please answer as many of the following questions as possible. The more information you provide, the better we can serve you. The information you provide is protected by our [privacy policy](#).

**CONTACT INFORMATION**

First Name	<input type="text"/>	Last Name	<input type="text"/>
Telephone	<input type="text"/> <input type="text"/> <input type="text"/> Extn <input type="text"/>	Email Address	<input type="text"/>
Address	<input type="text"/>		
Province	<input type="text"/>	Postal Code	<input type="text"/>
Contact Preference	<input type="text"/>	Best Time to contact	<input type="text"/>

**COMPANY INFORMATION**

Company Name	<input type="text"/>		
Website	<input type="text"/>	Industry	<input type="text"/>

**Business Description**

(Please supply enough information so that we can have the most suitable Consultant respond to your inquiry)

**Current Stage of Development** (Select all that apply)

- |                          |                                     |                          |                               |
|--------------------------|-------------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Core idea/business model formed     | <input type="checkbox"/> | Business/Corp. registered     |
| <input type="checkbox"/> | Core Management Team assembled      | <input type="checkbox"/> | Business Operations started   |
| <input type="checkbox"/> | Signed Partnership/ Franchise Agree | <input type="checkbox"/> | Product under development     |
| <input type="checkbox"/> | New Start-Up Business               | <input type="checkbox"/> | Existing business expansion   |
| <input type="checkbox"/> | Currently generating revenues       | <input type="checkbox"/> | Existing Co. / new products   |
| <input type="checkbox"/> | New Business Acquisition            | <input type="checkbox"/> | Restructuring/ Transformation |

**PROJECT INFORMATION**

Amount of Capital being requested (CAD \$)

**Services Required** (Select all that apply)

- |                          |                            |                          |                                |
|--------------------------|----------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Start-Up Mentoring         | <input type="checkbox"/> | Business Plan                  |
| <input type="checkbox"/> | Company Incorporation      | <input type="checkbox"/> | Business Plan Review           |
| <input type="checkbox"/> | Small Business Advice      | <input type="checkbox"/> | Detailed Financial Projections |
| <input type="checkbox"/> | Strategic Planning         | <input type="checkbox"/> | Business Financing             |
| <input type="checkbox"/> | Marketing Plan             | <input type="checkbox"/> | Turn around Consulting         |
| <input type="checkbox"/> | Market Research & Analysis | <input type="checkbox"/> | Others (Please specify)        |

Any other additional information that may be helpful

**OPTIONAL QUESTIONS**

How did you discover us?

**Fax: 416-342-1936**

**We will do our best to respond to your inquiry within two business days.**