

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**

Company Name					
First Name			Last Name		
Telephone			Extn		Email Address
Address					City
Province					Postal Code

**COMPANY INFORMATION**

Website			Are you an existing CFCL client?		
Industry Sector	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Telecommunication & Information Technology <input type="checkbox"/> Business & Professional Services <input type="checkbox"/> Agricultural, Forestry & Mining <input type="checkbox"/> Tourism, accommodation & recreation <input type="checkbox"/> Other	<input type="checkbox"/> Biotechnology (Life Sciences) <input type="checkbox"/> Wholesale & Distribution <input type="checkbox"/> Transportation <input type="checkbox"/> Construction & Real Estate <input type="checkbox"/> Retail & Food Service			

**PROJECT INFORMATION**

Outline the project(s) the business requires financing for, and expected sources of financing needed (internal and external sources of funds). Total costs of project must equal all sources of financing.

	Project	Cost (\$)
Sources of Financing	Real Estate/ Building / Construction	
	Equipment Purchase	
	Purchase of existing business	
	Leasehold Improvements	
	Refinancing	
	Others	
	Financing requested through CFCL	Amount (\$)
	Owner/ Shareholder's Equity / Advance Capital	
	Bank / Financial Institution Financing	
	Other Investments/ Loans / Borrowings	
	Insurance proceeds/ Grants	
	Others	

How will these projects benefit your business?

Have you requested financing from any other Lender in the last 12 months?

Yes  No

If yes, which bank/ Financial Institution/ Lender?

**ADDITIONAL INFORMATION**

Start-Up Year		Annual Revenues	
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Do you need Consulting Services? (Optional)

<input type="checkbox"/> Company Incorporation <input type="checkbox"/> Market Research <input type="checkbox"/> Strategic Planning <input type="checkbox"/> Marketing Plan <input type="checkbox"/> Other	<input type="checkbox"/> Business Plan <input type="checkbox"/> Financial Planning <input type="checkbox"/> Small Business Advice <input type="checkbox"/> Restructuring/ Turn around Consulting
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Comments

How did you discover us?

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_