

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			
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 (\$)
Real Estate/ Building / Construction	
Equipment Purchase	
Purchase of existing business	
Leasehold Improvements	
Refinancing	
Others	

Sources of Financing	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	<input type="text"/>	Annual Revenues	<input type="text"/>
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Do you need Consulting Services? (Optional)

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

Comments

How did you discover us?

Name: _____ Signature: _____ Date: _____