



# Advantage Business Financing

A Division of Casb Management Group Inc.

A business finance consultant will use this information to identify a strategy for funding.  
All information you provide will be kept strictly confidential, forwarded only when a prospective lender is identified.

Applicant Name:

Title:

Company Name:

Street Address:

City:

Province / State:

Country:

Postal Code / Zip:

Telephone:

Cellular Phone:

Fax:

E-mail:

Start Up or Existing Business:    Start Up    Existing Business

Years in Business:

Ownership:    Sole Proprietorship    Partnership    Corporation

Industry:

Amount of Financing  
Requested \$:

Equity Invested by Client: \$

Purpose of Financing:      Mortgage                                      Equipment Financing  
   Working Capital                                      Receivables Financing  
   Franchise Purchase                                      Other:

Briefly Describe Purpose of  
Financing:

Business Plan Available:      Yes      No

Personal Guarantee Available:      Yes      No

Credit History of Owner:      Excellent      Satisfactory      Poor

Credit History of Company:      Excellent      Satisfactory      Poor

**If Business Purchase:**

Purchase Price \$

**If an Existing Business:**

Total Business Assets \$

Total Business Liabilities \$

Total Business Net Worth \$

Annual Revenue \$

Annual Net Profit \$

Please fax completed form to: (519) 649-2598

or mail to:

**Casb Management Group Inc.**

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