

Initial Inquiry Form



CMG works with CEO/Management of Businesses and facilitates definition of business model, improves the same, if necessary, and then creates Investment Grade Business Plan and Presentation Package with a view to make the business lendable. The final professionally prepared information package is then presented to a screened list of Banks/companies/institutions/Investors to organize the necessary business loan/investment. It is important for you to fill out all the fields to process your loan/equity request. All the information with CMG will remain confidential and it will be utilized only to organize investment as per the written agreement signed with the client.

Please fill out & fax to Capital Management Group Fax no.: 1 (714) 459-7133

This Initial Inquiry Form is to be completed in its entirety, signed and forwarded via facsimile or email to Capital Management Group (Refer below for fax and email information). Please attach a cover letter to this document detailing your exact financial requirement, outlining the nature of your project, the amount that you are requiring and describing the use of the funds and the collateral you are willing to offer as security.

Business Owners/CEOs are requested to correspond with CMG directly and confirm the financing process. It is advisable not to order any reports/appraisals etc. for financing purposes without written approval of CMG (USA).

PROJECT SUMMARY TO BE COMPLETED BY CLIENT INDIVIDUAL(S) AND/OR COMPANY:

Full Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____

Zip Code: _____

State: _____

Country: _____

County: _____

Tel #: _____

Contact: _____

Fax #: _____

Title: _____

Email: _____

Cell Phone: _____

Project Website Address: _____

Education of the Principal: _____

No. of years experience in the industry: _____

Do you Own?: Apartment, Condo, House

Do you Rent?: Apartment, Condo, House

Credit history of principal: Excellent Good

Credit history of Business: Excellent Good

Fair Poor

Fair Poor

Month and year Business license taken: _____

Past/Current Litigations?: _____

Net worth of combined borrowers: _____

If yes, give details: _____

No. of employees at present: _____

No. of employees in 12 months: _____

Any patent or technical tie-up?: _____

LEGAL STATUS

Corporation: _____

Estimated Net Worth of Principal US\$ _____

What Cash Funds are available US\$ _____

Cash amount invested in the project: _____
as on today

TOTAL FUNDS

Total Project Cost: US\$ _____

Outside Investment Required: US\$ _____

Proposer's Equity: US\$ _____
Normally 30% or more of the project cost as promoter's equity is recommended.

Loan Term: _____ years/months

PRIMARY SECURITY OFFERED: _____

ADDITIONAL COLLATERAL OFFERED: _____

HOW COMMITTED ARE YOU TO THIS PROJECT? What is the current status of your project?

CMG CHARGES A PROCESSING FEE FOR ADMINISTRATIVE EFFORTS INVOLVED. THE LENDER OR INVESTOR MAY, ALSO, HAVE SOME FEES TO BE PAID PRIOR TO FUNDING, I.E. APPLICATION FEE, COMMITMENT FEES OR DUE DILIGENCE FEE. ARE YOU WILLING TO PAY THESE FEES IN ORDER TO GET FUNDED? _____

CMG PRESENTATION PACKAGE FEES:

- Yes. \$7,500 for loans from \$2 Million to \$5 Million
- Yes. \$10,000 for loans from \$5.1 Million to \$10 Million
- Yes. \$15,000 for loans from \$10.1 Million to \$25 Million
- No
- Not Sure

Investment Grade Business Plan prepared by an Independent Firm for financing available?: Yes No

Do you want CMG to create an updated Investment Grade Business Plan for you? Yes No Not Sure

Do you want CMG to re-do/re-format existing Business Plan for you? Yes No Not Sure

ARE YOU WILLING TO PAY BUSINESS PLAN FEES AS FOLLOWS?

- Yes. \$10,000 for loans from \$2 Million to \$5 Million
- Yes. \$15,000 for loans from \$5.1 Million to \$10 Million
- Yes. \$20,000 for loans from \$10.1 Million to \$25 Million
- No
- Not Sure
- Yes, \$25,000 or more for \$25.1 Million or more on case by case basis

WHAT DO YOU WANT TO ACCOMPLISH THROUGH CMG SERVICES?:

Purpose: Short Term Objectives (Check two or three)

- | | |
|--|--|
| <input type="checkbox"/> Organize thoughts & define business model | <input type="checkbox"/> Purchase/ lease Property |
| <input type="checkbox"/> Obtain seed capital | <input type="checkbox"/> Purchase/lease Equipment |
| <input type="checkbox"/> Obtain loan & working capital | <input type="checkbox"/> Purchase & finance business acquisition |

<input type="checkbox"/> Improve performance & obtain necessary business capital	<input type="checkbox"/> Define and finance specific business acquired & improve performance
<input type="checkbox"/> Expansion financing	<input type="checkbox"/> Update & Re-do existing business plan

PROJECT DETAILS:

(check One)

(check one)

(check one)

Stage	Revenue Last 12 Months	Profit before tax last 12 month
	<input type="checkbox"/> NIL	<input type="checkbox"/> Loss greater than \$500,000
<input type="checkbox"/> Start-up	<input type="checkbox"/> Up to \$100,000	<input type="checkbox"/> Loss greater than \$50,000
<input type="checkbox"/> Existing running profitable co.	<input type="checkbox"/> Less than \$500,000	<input type="checkbox"/> Loss less than \$50,000
<input type="checkbox"/> Existing business Break-even	<input type="checkbox"/> Less than \$1 Million	<input type="checkbox"/> Profit less than \$50,000
<input type="checkbox"/> Existing business incurring losses	<input type="checkbox"/> Less than \$3 Million	<input type="checkbox"/> Profit less than \$250,000
<input type="checkbox"/> Acquisition of running Business	<input type="checkbox"/> Less than \$10 Million	<input type="checkbox"/> Profit less than \$500,000
<input type="checkbox"/> Acquisition of closed Business	<input type="checkbox"/> More than \$10 Million	<input type="checkbox"/> Profit greater than \$500,000

Finally, include a Summation (over view), covering the items which you feel will give your requirements the substance and viability to warrant project funding.

Why you will be profitable? _____

No. of months to Revenue Generation: Already in revenue OR _____ months.

Customers & Product/Services: _____

Use of proceeds (Give Break-up) Land & Building _____, Machinery & Equipment _____, Marketing _____
 Working Capital _____, Other _____

Management Experience: [] years [] months

How would you rate your current financing efforts? [] Excellent [] Good [] Needs internally-driven improvement

[] Needs improvement across the board [] Needs External Assistance [] Does Not Apply

Please Check Appropriate Box For services you need:

[] Equity [] Debt [] Letter of Credit [] Business Loan [] Arranging Bank Loans [] Real Estate Project Loans [] Business Plan Service [] Consulting [] Retainer for ongoing Management Assistance [] OPIC Financing [] Third Party Institutional Guarantee

SUPPORTING DOCUMENTATION REQUIRED

Included with this Application or to be supplied at a later Date
 (Check One)

	Avail-now	Avail-later (say in 10 days)
1. Executive Summary	[]	[]
2. Expected use of funds	[]	[]

3. Resumes of Management	[]	[]
4. Performa Cash Flow	[]	[]
5. Corporate Financials	[]	[]
6. Balance Sheet	[]	[]
7. Detailed Marketing Plan	[]	[]
8. Articles of Incorporation	[]	[]
9. Resolution	[]	[]
10. Tax Returns (last 3 years)	[]	[]
11. Personal financials	[]	[]
12. Two Business References	[]	[]

EXISTING BANKING RELATIONSHIPS:

Bank Name: _____ Date account set-up _____

Address: _____

Bank Officer: _____

Phone No: _____ Fax No: _____

Approx. Balance: US\$ _____

FINANCIAL ADVISOR (BROKER) IF ANY:

Name: _____

Address: _____

Phone No: _____ Fax No: _____

Email: _____

FURTHER CORRESPONDENCE: Through Broker [] Direct to Client []

(Please note that direct communication with the client will be requested by CMG and ALL agreements to authorize our services will ONLY be sent direct to a client, all supporting advisors must agree to stand aside when called for by CMG)

The information provided in this project summary is true and correct. CMG or assigns have our authority to obtain further references from any source to process this application. Also, they are hereby authorized to contact, submit information and negotiate (but not finalize) on our behalf for financing of the above project.

AUTHORIZED SIGNATURE (S)

1. _____ 2. _____

Company Name: _____ Date: _____

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 Branch: 468 North Camden Drive Suite #200, Beverly Hills, CA 90210 * [Email:cm-group@sbcglobal.net](mailto:cm-group@sbcglobal.net) * www.cm-group.com

**Please complete and fax to Capital Management Group
 Fax no.: 1 (714) 459-7133 * Email: cm-group@sbcglobal.net**