

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 and guarantees as per the written agreement to be signed with the client.

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

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).

I. PROJECT SUMMARY TO BE COMPLETED BY BUSINESS CLIENT

Full Name: _____ Title: _____

Company Name: _____

Complete Address: _____

City: _____

Zip Code: _____

State: _____

Country: _____

Contact: _____

Tel #: _____

Title: _____

Fax #: _____

Cell Phone: _____

Email: _____

Education of the Principal: _____

Project Website Address: _____

Credit history of principal: Excellent Good

No. of years experience in the industry: _____

Fair Poor

Credit history of Business: Excellent Good

Fair Poor

II. Month and year Business license taken: _____

Past/Current Litigations?: _____

Funds Required for: [] Start-up Project

If yes, give details: _____

[] Existing Business

[] Independent Expansion/Project
Diversification

Any patent or technical tie-up?: _____

[] Acquire Business Partnership

No. of employees at present: _____

No. of employees in 12 months: _____

LEGAL STATUS

Corporation: _____

What Cash Funds are available US\$ _____

Estimated Net Worth of Principal US\$ _____

Cash amount invested in the project: _____
as on today

TOTAL FUNDS

Total Project Cost: US\$ _____

Promoter's Equity from US Partner: US\$ _____

Balance Amount of Funds Needed: US\$ _____
as on today

Promoter's Equity from Local Partner: US\$ _____

(Total Project cost Less Promoter's Equity Less Funds organized
as on today)

Normally 30% or more of the project cost as promoter's equity is
recommended. This can be relaxed for existing, profitable
businesses or if bank guarantee or other security/references
acceptable to the lender are given.

Long Term Loan Term: _____ years

Short Term Loan Term: _____ years/months

PRIMARY SECURITY OFFERED: _____

ADDITIONAL COLLATERAL OFFERED: _____

Will you provide guarantee for repayment of loan?: Please specify _____

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

How much time you have to organize these funds?: _____

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? _____

III. After you are signed up as a business client with CMG, your loan approval process will begin with submission of investment grade business plan, and custom made presentation package to the selected lenders/investors. This package (business plan + presentation package) will be professionally prepared by CMG, as necessary. CMG Charges Fees for high level professional efforts to prepare client's investment grade business plan and presentation package to maximize chances of loan approval. Loans are approved primarily on the strength of the project, management & security offered to lenders for the repayment of the loan. CMG wants to create a good impression of your project in the very first contact with lenders.

Are you willing to pay above fees during the financing process in order to get approved? Yes No Not sure

Professionally prepared Business Plan 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

WHAT DO YOU WANT TO ACCOMPLISH THROUGH CMG SERVICES?:
Purpose: Short Term Objectives (Check one or more as necessary)

- | | |
|--|--|
| <input type="checkbox"/> Obtain Letter of Credit | <input type="checkbox"/> Purchase/ lease Property/Equipment |
| <input type="checkbox"/> Obtain seed capital | <input type="checkbox"/> OPIC Financing |
| <input type="checkbox"/> Obtain loan & working capital | <input type="checkbox"/> Purchase & finance business acquisition |
| <input type="checkbox"/> Improve performance & obtain necessary business capital for existing business | <input type="checkbox"/> Define and finance specific business to be acquired & improve performance |
| <input type="checkbox"/> Expansion financing | <input type="checkbox"/> Obtain SBLC or Guarantee |
| <input type="checkbox"/> Organize technical tie-up or Joint-Venture Agreement | <input type="checkbox"/> Accounts Receivable or Purchase Order Financing |
-

Please specify what you are trying to do: _____

IV. PROJECT DETAILS:**(check One)****(check one)****(check one)**

Stage	Revenue Last 12 Months	Profit before tax last 12 month
<input type="checkbox"/> Start-up	<input type="checkbox"/> Up to \$1,000,000	<input type="checkbox"/> Loss greater than \$500,000
<input type="checkbox"/> Existing running profitable co.	<input type="checkbox"/> Less than \$5,000,000	<input type="checkbox"/> Loss greater than \$50,000
<input type="checkbox"/> Existing business Break-even	<input type="checkbox"/> Less than \$10 Million	<input type="checkbox"/> Profit less than \$50,000
<input type="checkbox"/> Existing business incurring losses	<input type="checkbox"/> Less than \$30 Million	<input type="checkbox"/> Profit less than \$250,000
<input type="checkbox"/> Acquisition of running Business	<input type="checkbox"/> Less than \$50 Million	<input type="checkbox"/> Profit less than \$500,000
<input type="checkbox"/> Acquisition of closed Business	<input type="checkbox"/> More than \$50 Million	<input type="checkbox"/> Profit greater than \$500,000
<input type="checkbox"/> Expansion/Diversification	<input type="checkbox"/> More than \$70 Million	<input type="checkbox"/> Profit greater than \$1Million

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 []

V. No. of months to Revenue Generation: Already in revenue since _____ OR will generate revenue in _____ months.

Customers & Product/Services that generate revenue: _____

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

Management Experience in the industry: [] years [] months

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 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-in 10 days	Avail-in 30 days	Not Available/NA
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 to organize funds	[]	[]	[]	[]
10. Tax Returns (last 3 years)	[]	[]	[]	[]
11. Personal financials (last 3 years)	[]	[]	[]	[]
12. Two Business References	[]	[]	[]	[]
13. Business Plan	[]	[]	[]	[]

(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: _____

934 South Flintridge Way, Anaheim Hills, California 92808, USA Tel: 1 (714) 439-9600 , Fax: 1 (714) 459-7133 .
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**