

General Information

Company legal name (in full): _____
 Operating name: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ Province: _____ Postal Code: _____
 E-mail address: _____ Website: _____

Please indicate type of business: Corporation Partnership Proprietorship Other: _____
 Please indicate head office address (if applicable): _____
 Date established: (DD/MM/YY) ____/____/____ Type of industry / business: _____

Company Principals' Information

1. DIRECTOR Name: _____ Driver's License #: _____
 PRESIDENT Home Street Address: _____ Own Rent
 SECRETARY City, Province, Postal Code: _____
 TREASURER Home Phone: _____ Cell Phone: _____
 % OWNER _____ SIN #: _____ Date of Birth: (DD/MM/YY) ____/____/____

2. DIRECTOR Name: _____ Driver's License #: _____
 PRESIDENT Home Street Address: _____ Own Rent
 SECRETARY City, Province, Postal Code: _____
 TREASURER Home Phone: _____ Cell Phone: _____
 % OWNER _____ SIN #: _____ Date of Birth: (DD/MM/YY) ____/____/____

Business Information

Average monthly sales: \$ _____ Approx. no. of active customers: _____ Terms of sale: _____
 Average amount per invoice: \$ _____ Current account receivables open: \$ _____
 Are you financing invoices now? Yes No If yes, which company: _____
 Are your receivables pledged as collateral? Yes No If yes, to whom: _____

Has this company, its officers or directors, or any affiliated companies ever:

- Yes No Filed for bankruptcy or had a petition in bankruptcy filed against it?
- Yes No Had or have a Federal, Provincial, or Municipal lien/levy filed against it?
- Yes No Presently owe past due federal or provincial taxes, sales or payroll taxes?
- Yes No Been involved or are currently engaged in, or threatened with any litigation?
- Yes No Do you have a criminal record for which a Pardon/Record Suspension has not been granted?

If you answered yes to any of the above, please attach a separate document with details outlining the circumstances.

The undersigned, one person or each of them if more than one, certify the above information to be true and correct, and hold signing authority for said company and/or corporation. Consent is hereby given for the disclosure of credit information any time, to any credit grantor or credit reporting agency with which the undersigned company has or may have financial relations. The undersigned gives permission to Growth Capital to verify all statements made.

Authorized signature: _____ Authorized signature: _____
 Full Legal Name: _____ Full Legal Name: _____
 Title: _____ Title: _____
 Date: _____ Date: _____

In addition, we require the following documents:

- 1. Articles of incorporation
- 2. Most recent financial statements
- 3. Bank statements for recent 3 months
- 4. Current accounts receivable aging report
- 5. List of company's customers with their addresses
- 6. Director's ID