## *T.E.A.M. Network International Funding* Richmond, B.C. Canada. V6Y 2T7 Ph: (604) 277-9294 Fax : (604)277-9297 <u>nhsibob@shaw.ca</u> www.hotelsupplycanada.com

## **RE: FUNDING PROJECT SUMMARY**

Please be as complete as possible. This data will be used by our Capital providers as a quick "overview" of your project's needs. All information is kept confidential. Please type in all requested data. Include a 1 to 3 page (maximum ) Executive Summary for review.

## **REFERRAL INFORMATION**

Full Name:	Bus. Name:			
Address:	Zip/ code:	City:		
State/Prov:	Zip/ code:	Phone : IT INFORMATION	Fax :	
	GLIEN			
Client's Name:		Type of Business		
Address:		City:		
State/Prov:	Zip/ code:	Phone :	Fax :	
Business Name :		Years in Business		
9 West (Central) 9	9 Northwest 9 Southwest East (Central ) 9 Canada 9 ( ded:	Other(Specify)		
Use of Capital proceed 9 Acquisitions 9 Acco 9 Sale Leaseback 9 0 9 Oil & Gas Exploratio 9 Research & Develop 9 Leveraged Buy Out 9 Real Estate ( Over \$	susiness funds to be invested : s ( check all that apply ): ounts Receivable 9 Working ( Car / Truck 9 Investments 9 n 9 Franchise Financing 9 B oment 9 Construction 9 Equit 9 Other 10 Million ) 9 Real Estate (\$ 000 - \$ 500,000 ) 9 Real Estate	Capital 9 Inventory 9 IPO Line of Credit 9 Currency A usiness Start Up 9 Joint Vo ty 9 Mezzanine Financing 9 1 - 9 Million) 9 Real Estate	9 yacht cquisition enture Expansion ( \$ 500,000 - 1 Million )	
	le? 9 Yes 9 No Executive g to give personal guarantee(s		9 No	
<ul> <li>9 Bankruptcy - Person</li> <li>9 Bankruptcy - Busines</li> <li>9 Loan Delinquencies</li> <li>9 Loan Delinquencies</li> <li>9 Other credit problem</li> <li>Has client shopped this</li> <li>Does client hold seller-</li> <li>Does client hold seller-</li> </ul>	Vledge of any specific funding p al (Owner / Partner ) Chapter ss Chapter : W ( in last 90 days ) ( over 90 days ) s : s project to banks / investors / financial real estate notes ?	: When filed? W /hen filed? When d lenders already ? 9 Yes 9 N 9 Yes 9 No 9 Yes 9 No	lischarged ?	
Signed:	Name & Title		Date :	

Fax Completed Document(s) to 604-277-9297