

* Required

Business information

01

Company name: * _____

Contact name: * _____ Email address: _____

Address: * _____ Office: _____

City: * _____ Postal code: * _____

Phone number: * _____ Fax number: _____

Cellphone number: _____

Branch of industry:

Brief description: *

Number of employees *

Full-time: _____ Seasonal: _____

Part-time: _____ Occasional: _____

Permanent: _____

Financing

Other financing requested

Amount requested: * _____

Type of financing:

Expected use of funds:

	1	2	3
Amount			
Lender			

Number of years in operation: _____

Financial institution: _____

Fiscal year end:

Authorized line of credit: _____

Name of account manager: _____

Name of payroll service: _____

Phone number: _____

Shareholders and management

NAME	TITLE	YEARS OF EXPERIENCE	% OF VOTING SHARES HELD
Total:			

SR&ED financing

02

SR&ED claim preparer: _____ Number of years claims were filed: _____

Name: _____ Date latest tax return was filed: _____

Phone number: _____ Expected filing date of next tax return: _____

01 - Have you ever been the subject of a scientific audit? Yes No

If yes, date of the latest audit: _____

02 - Have you ever been the subject of a financial audit? Yes No

If yes, date of the latest audit: _____

03 - Is the company a Canadian-controlled private corporation?
(as defined by the *Taxation Act*) Yes No

04 - Is the company a Canadian-controlled public corporation? Yes No

05 - Is the company associated with other companies?
(as defined by the *Taxation Act*; if so, append a list and organization chart to your application) Yes No

06 - Is the company in arrears on any account with the
Canada Revenue Agency or Revenu Québec? Yes No

I) If yes, in what way and for what amount: _____

II) If yes, is there currently an agreement concerning collection?
(if so, append the details to your application) Yes No

07 - Is the company indebted to federal or provincial organizations? Yes No

08 - Are any disputes or notices of objection outstanding in respect of the Canada Revenue
Agency or of Revenu Québec? (if so, append the details to your application) Yes No

Government information

Provincial

Québec Enterprise Number (NEQ): * _____ Identification number: * _____

Payroll deduction account number: _____ QST account number: _____

Government debt outstanding: _____ \$

Federal

Enterprise number: * _____ GST remittance: _____

Payroll deduction account number: _____ GST account number: _____

Order financing

03

Order amount: * _____

Manufacturing costs:

Beginning of contract term: _____ Raw materials: * _____ \$

End of contract term: _____ Labour: * _____ \$

Deposit requirement: _____ Other: * _____ \$

If ordering from abroad, are the accounts receivable insured? * _____

Contact persons

04

Auditor: _____ Phone number: _____

Investissement Québec: _____ Phone number: _____

Other contact: _____ Phone number: _____

I hereby authorize CAE Capital to use my email address for follow-up and information purposes. Yes No

By submitting this form by email, by fax or by hand, I authorize **CAE Capital** to obtain personal or corporate information from or exchange such information with any personal information agent or financial institution to establish or verify my financial situation.

Name: * _____ Social insurance number: * _____

Address: * _____ Birth date: * _____

Referred by: * _____ Request date: * _____

THIS SPACE RESERVED FOR USE BY CAE CAPITAL

BDC eligibility: Yes No

Amount: _____