



COMMERCIAL CAPITAL  
PARTNERS INC

## BUSINESS QUESTIONNAIRE FORMS

Please answer the following questions below for business history assessment. If information is available online via a website or other data source, please list.

Business Website Addresss (if applicable): \_\_\_\_\_

History and Description of Business: (Please Include ALL of the following information; Date of ownership, if not original owner when did you take over the business, business purchase price (if applicable), how many current employees, expansion goals, does the company outsource any work) (Enter Answer below):

Describe ALL products/Services Offered (Nature of Business) (Enter Below):

Management (Please list all key managers & Answer ALL questions below) (if resume is available please provide):

Owner(s) Role & Responsibility:



Prior Industry Experience:

Prior Educational Experience:

Management Succession Plan (please advise who can assume role & responsibility when absent):

Please List Any Key Customers (Sales from revolving customers, if applicable), Direct Competitors (local):

What Makes Your Business Stand Out (Pricing, Staff, Responsiveness, Market Share, etc):

How Will The Direct Use of Proceeds help Grow & Expand your business: