



Your Conexus Credit Union Business Planner



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Conexus Credit Union Business Planner

This tool can help your business succeed by assisting you to analyze your business strategy, the market that you operate in, and your financial plan. At the same time, it will help us to better understand your business, your goals, and the role that your credit union can play in helping you achieve them. The process is simple. Either print out the business plan and fill it in by hand, or take advantage of our interactive form and complete the PDF document online. In this case, please ensure that you have carefully read the instructions provided, explaining how to save and reload your document.

Then, when you are finished, either fax, or drop it off at our nearest branch. If you would like one of our commercial account managers to review your business plan, they would be happy to do so.

1.0 Your Business Profile



Please describe what your business does and the environment that your business operates in. Along with your business strategy, this will help you, as well as us, gain a better understanding of the factors important to the success of your business. If you require more space, please feel free to attach additional pages.

1.1 YOUR BUSINESS**Details**

Registered Business Name			
Business Operating Name			
Business Address			
Mailing Address			
Telephone		Facsimile	
Cellular			
Email			
Website			
Date Established		Current Ownership Since	

Form of business (choose one)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Co-operative	<input type="checkbox"/> Incorporated association
<input type="checkbox"/> Partnership	<input type="checkbox"/> Society	<input type="checkbox"/> Other	

Industry Sector (choose one)

<input type="checkbox"/> Retail	<input type="checkbox"/> Service	<input type="checkbox"/> Other
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Franchise	

Current financial institution(s)

Company owners

Legal Name			
Business Name			
Title			
Business Involvement	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	

Accountant

Name | _____
Address | _____
Telephone | _____ Facsimile | _____
Email | _____
Fiscal Year End | _____

Lawyers

Name | _____
Address | _____
Telephone | _____ Facsimile | _____
Email | _____

1.2 BUSINESS ENVIRONMENT

Product

What is your product or service? How will it be made?

Where will you obtain raw materials?

How will the demand for your product or service evolve or change?

Will you rely on skilled or un-skilled labour? If skilled, where and how is training and accreditation obtained?

What are the sources of your labour?

Which industry association have you joined?

Suppliers

1	Name		_____
	Address		_____
2	Name		_____
	Address		_____
3	Name		_____
	Address		_____
4	Name		_____
	Address		_____

Have you negotiated terms with these suppliers?

Industry

Describe the total size of your industry

Potential sales

Number of customers

Describe any trends that affect your industry (e.g. seasonal, government regulations)

Has the industry been growing, declining or steady in recent years?

What factors (global or local) have determined the above?

What is the long-term outlook for your industry?

How will this affect your business?

Are there any safety certifications required in your industry?

Yes(please explain)

No

Market

Describe your target market

Estimate the size of this market (gross sales and units or services sold)

What is your share of that market?

Describe the type of people that are likely to purchase your product or service

Products and Services

What makes your product or service unique (i.e. your competitive advantage)?

What benefits will your customers gain by purchasing your product or service?

Describe the price structures mark-ups, commissions, etc.) that are typically used in your industry.

Describe the distribution methods (wholesalers, agents, etc) that are typically used in your industry.

Provide a brief description of your skills, knowledge or experience in this industry.

Competition

Who are your direct competitors?

What are their strengths and weaknesses? Compare their service or product to yours.

What are your weaknesses?

How do you intend to deal with these weaknesses?

Risk

What risk do you face in producing your product or service?

How do you intend to minimize this risk?

1.3 SALES AND MARKETING

Advertising and Promotion

How will you advertise or promote your product

Identify the media you will use and the associated costs (choose those that apply)

<input type="checkbox"/> Newspapers	\$	<input type="checkbox"/> Magazines	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> Radio	\$	<input type="checkbox"/> Television	\$		

Customers and Distribution

How will you distribute your product or service?

How will customers pay for your product and service?

What terms are you prepared to offer your customers? (e.g., net 30 days)

What is your customer service policy? (e.g., guarantees, warranties, layaway plans, return policies, etc.)

Pricing

What is your pricing strategy?

How did you arrive at this and why?

How is your competition priced?

1.4 OPERATING PLAN

Financing Requirements

How much of your own funds have you invested in your business to date?

What was the source of this investment?

Do you think there will be a need for large capital expenditures in the near future?

Do you need to borrow money? If yes, list the amount

Yes \$ No



What type of financing do you require?

Operating line of credit/overdraft protection Equipment loan or lease

Loan for real estate Credit card(s)

Other

Location

How much space will our business require?

Have you chosen a location?

Yes No

What will this space cost?

\$

Terms?

Lease Month to month

What are the advantages/disadvantages of the location that you have chosen?

Has an environmental inspection (e.g. Level I, II, III) been done on the property?

Yes (Please list the firm below.) No

Engineering Firm |

Address |

Telephone |

Facsimile |

Email |

Employees

Please list any employees that will be working with you?

1	Name	_____
	Job Title	_____
	Responsibilities	_____
	Qualifications	_____
2	Name	_____
	Job Title	_____
	Responsibilities	_____
	Qualifications	_____
3	Name	_____
	Job Title	_____
	Responsibilities	_____
	Qualifications	_____
4	Name	_____
	Job Title	_____
	Responsibilities	_____
	Qualifications	_____
5	Name	_____
	Job Title	_____
	Responsibilities	_____
	Qualifications	_____
6	Name	_____
	Job Title	_____
	Responsibilities	_____
	Qualifications	_____

Do you expect to hire anyone else in the near future?

Yes

No

2.0 Your Personal Information

Along with your business, it is important to understand your own financial strengths.

This will help determine the right financial strategy to meet your business needs. Please include the value of your spouse's assets in the personal financial statement below.



Name

Education and qualifications

Applicable skills and/or trades

Employment history

1

2

3

4

Personal reference(s)

1 **Name** |

 | **Title** |

Company |

Address |

Telephone |

2 **Name** |

 | **Title** |

Company |

Address |

Telephone |

3 **Name** |

 | **Title** |

Company |

Address |

Telephone |

2.1 PERSONAL FINANCIAL STATEMENT

Assets	Amount
Cash	\$
Account Balance	
RRSPs	
Home	
Other real estate	
Vehicles	
Other assets (specify)	
Total assets	\$

Liabilities	Balance	Minimum Monthly Payment
Home mortgage	\$	\$
Personal loans		
Personal line of credit		
Credit cards		
Other (specify)		
Total liabilities	\$	
Total monthly liabilities		\$
Net worth (total assets-total liabilities)	\$	

2.2 DESCRIPTION OF ASSETS, LIABILITIES AND INCOME

Investment portfolio details

1	Financial Institution	
	Holdings	
2	Financial Institution	
	Holdings	
3	Financial Institution	
	Holdings	

Mortgage details

Financial Institution	
Balance Outstanding	Repayment Terms
Maturity Date	Current Market Value
Original Purchase Date and Price	
Registered Owners	

Personal loans and line of credit

Financial Institution	
Limit (if LOC)	
Outstanding Balance	Repayment Terms
Security Held	
Purpose	

Credit cards held and outstanding balances on each

1	Card		_____
	Limit		_____
	Outstanding Balance		_____
2	Card		_____
	Limit		_____
	Outstanding Balance		_____
3	Card		_____
	Limit		_____
	Outstanding Balance		_____

Have you co-signed or guaranteed any other liabilities?

Yes (please describe below) No

Do you or your spouse receive income from any sources outside of the business?

Yes (please describe from where and how much below) No

Is this income expected to continue?

Yes No

Have you every declared bankruptcy?

Yes (Please provide details below) No

Are there any outstanding legal actions against you or your spouse?

Yes (Please provide details below) No

3.0 Your Financial Plan

This section will help you prepare the financial component of your business plan by guiding you through a Business Balance Statement, a Business Income Statement, and a Business Cash Flow Forecast. If you already have financial plans for your business please disregard this section and submit the most current statements separately to your nearest branch. If you are starting your business, please fill in only the Cash Flow Forecast section.



3.1 BUSINESS BALANCE STATEMENT

A balance sheet gives you the financial picture of your business at one point in time. It is an indication of your business' assets and liabilities, as well as shareholder equity – i.e. the capital invested into your business.

	Year 20_____	Year 20_____	Year 20_____
ASSETS			
Current Assets			
Cash and equivalent	\$	\$	\$
Accounts receivable			
Inventory			
Prepaid expenses			
Total current assets	\$	\$	\$
Fixed Assets			
Land and building	\$	\$	\$
Equipment			
Minus depreciation			
Total fixed assets	\$	\$	\$
Intangible assets			
Goodwill	\$	\$	\$
Patents			
Other			
Total intangible assets	\$	\$	\$
Total assets	\$	\$	\$

	Year 20_____	Year 20_____	Year 20_____
LIABILITIES & SHAREHOLDER EQUITY			
Current Liabilities			
Short term debt	\$	\$	\$
Accounts payable			
Income tax payable			
Long-term debt due within one year			
Other			
Total current liabilities	\$	\$	\$
Long term Liabilities			
Long-term debt	\$	\$	\$
Other liabilities			
Total long-term liabilities	\$	\$	\$
Total liabilities	\$	\$	\$
Shareholder Equity			
Cash equity contribution	\$	\$	\$
Authorized stock/share capital			
Retained earnings			
Total shareholders' equity	\$	\$	\$
Total liabilities and shareholder equity	\$	\$	\$

3.2 BUSINESS INCOME STATEMENT

An income statement outlines your revenue, expenses and profits over a defined period. If you are in the process of beginning your business, please estimate these on a quarterly basis. If your business is already established, please attach income statements for the previous three years, or alternatively, fill in the statement below for the past three years.

	Q1 or Year 20	Q2 or Year 20	Q3 or Year 20	Q4 or Year 20	Annual Totals (if applicable)
Sales	\$	\$	\$	\$	\$
Minus: Cost of goods sold					
Gross Profit Margin	\$	\$	\$	\$	\$
Minus: Selling expenses	\$	\$	\$	\$	\$
Minus: Office expenses					
Minus: Payroll expenses					
Minus: Interest expenses					
Minus: General expenses					
Total operating expenses	\$	\$	\$	\$	\$
Operating profit	\$	\$	\$	\$	\$
Minus: Taxes payable					
Minus: Owner's salary/dividends					
Minus: Depreciation					
Minus: Other					
Subtotal	\$	\$	\$	\$	\$
Net Income	\$	\$	\$	\$	\$

3.3 CASH FLOW FORECAST

A cash flow forecast shows your estimated sources of business revenue and your projected business expenses on a monthly basis over the course of one year. If you are starting a new business, please project the following information for the next 12 months.

	Month					
	1	2	3	4	5	6
CASH RECEIPTS						
From: \$	\$	\$	\$	\$	\$	\$
From						
From						
Sub-total cash from sales \$	\$	\$	\$	\$	\$	\$
Minus: Current month \$	\$	\$	\$	\$	\$	\$
Minus: Previous month						
Loan proceeds						
Cash equity contribution						
Other cash received						
Total cash receipts \$	\$	\$	\$	\$	\$	\$
CASH DISBURSEMENTS						
Inventory purchase \$	\$	\$	\$	\$	\$	\$
Fixed asset purchase (e.g., equipment; leases)						
Production materials						
Rent/Utilities						
Salaries						
Insurance						
Marketing						
Bank interest						
Principal portion of long-term debt						
Service charges						
Taxes						
Other						
Total cash disbursements \$	\$	\$	\$	\$	\$	\$
NET CASH POSITION						
Monthly surplus (or deficit) \$	\$	\$	\$	\$	\$	\$
Cumulative cash flow (or deficit) to date \$	\$	\$	\$	\$	\$	\$

	Month						Total
	7	8	9	10	11	12	
CASH RECEIPTS							
From:	\$	\$	\$	\$	\$	\$	\$
From							
From							
Sub-total cash from sales	\$	\$	\$	\$	\$	\$	
Minus: Current month	\$	\$	\$	\$	\$	\$	
Minus: Previous month							
Loan proceeds							
Cash equity contribution							
Other cash received							
Total cash receipts	\$	\$	\$	\$	\$	\$	\$
CASH DISBURSEMENTS							
Inventory purchase	\$	\$	\$	\$	\$	\$	\$
Fixed asset purchase (e.g., equipment; leases)							
Production materials							
Rent/Utilities							
Salaries							
Insurance							
Marketing							
Bank interest							
Principal portion of long-term debt							
Service charges							
Taxes							
Other							
Total cash disbursements	\$	\$	\$	\$	\$	\$	\$
NET CASH POSITION							
Monthly surplus (or deficit)	\$	\$	\$	\$	\$	\$	\$
Cumulative cash flow (or deficit) to date	\$	\$	\$	\$	\$	\$	\$

Name of Applicant: _____ Phone # (Optional) _____

Social Insurance Number: (Optional) _____ Birth Date: _____

Business Name: (if applicable) _____

Address: _____

Consent for Collection and Use of Information

I understand and acknowledge that the Credit Union will be collecting and gathering personal, financial and credit information from and about me (Information) to:

- (i) obtain credit reports and evaluate my credit rating and credit worthiness;
- (ii) determine my financial situation and make decisions about loan or credit applications;
- (iii) administer, monitor and service my account and collect my loan;
- (iv) administer and manage security and risk in relation to my loan and any of my accounts and the financial services provided to me;
- (v) comply with legal, security and regulatory requirements;
- (vi) assist in dispute resolution;
- (vii) understand my needs and eligibility for products or services;
- (viii) offer and provide me with the other products and services of the Credit Union and of its affiliates and service suppliers.

I understand the Credit Union requires and may use my Social Insurance or Business Number as may be applicable as an aid to identify me with credit bureaus and other financial institutions for credit matching purposes or for income tax reporting purposes. I also understand that the provision of my Social Insurance Number for credit matching purposes is optional and is not a condition of service.

I also understand that I may ask the Credit Union to stop using my Social Insurance Number for credit matching purposes at any time. I understand it is necessary to keep my Information current and I agree to notify the Credit Union of any changes in my Information.

I understand that the Credit Union needs my consent to collect, use and disclose Information gathered about me except when the law allows the Credit Union to do so without my consent. For that purpose, I authorize, consent to, and accept this as written notice of the Credit Union obtaining, gathering, copying, scanning, updating, disclosing, sharing or exchanging such Information about me at any time for the purposes described including from or with any credit bureau, government agency, credit grantor or other entity in possession of such Information and I specifically direct and authorize such entities to provide Information at the Credit Union's request.

The Credit Union is also authorized to continually update, obtain and use Information at any time in connection with my loans, including enforcement purposes. The Credit Union may share and exchange Information with any guarantor of the loan or any other lender or credit grantor that is participating in the loan or who may receive an assignment of all or part of the loan. The Credit Union may use this Information for so long as it is needed for the purposes described. I understand that I can ask the Credit Union to stop using the Information to offer other products or services at any time.

For the purpose of this authorization, Credit Union affiliates and service suppliers mean Credit Union affiliates and service suppliers that are engaged in the business of providing services or products to the public in Canada including, but not limited to, deposits, financing arrangements, credit, charge and payment card services, trust and custodial services, securities and brokerage services, insurance services, electronic services, information and technology services, educational and consulting services.

To assist in providing financial services, the Credit Union may use service providers located in the United States. In the event that a service provider is located in the United States, Information may be processed and stored in the United States and United States governments, courts or law enforcement or regulatory agencies may be able to obtain disclosure of the Information through the laws of Canada and the United States.

Privacy

Credit Union and Privacy legislation prescribe and restrict the use of personal, financial or credit information (Information) without consent. To obtain details about Credit Union policies and procedures for protecting privacy of Information and Customer rights please contact the Credit Union, Attention: Privacy Officer.

THIS FORM CONTAINS AN AUTHORIZATION TO OBTAIN, SHARE AND EXCHANGE INFORMATION AND, UNLESS I HAVE ASKED THE CREDIT UNION NOT TO DO SO, USE A SOCIAL INSURANCE NUMBER FOR CREDIT MATCHING PURPOSES

Date: _____ Applicant's Signature _____

(Note – A separate authorization is required for each individual applicant)

Where do you expect your business to be in one year?

Three years?

Five years?

Congratulations!

You have now completed your Business Plan. If you would like to forward this to your Commercial Relationship Manager, please print this document and either fax it to, or drop it off at your local Conexus Credit Union. We would be happy to meet with you, and discuss your business plan and your needs!

Name

Date

Signature