



Brief Commercial Mortgage Application

Please complete and fax to (646) 417-5273

Project Name: _____

Project/Property Address: _____

City: _____ State: _____ Zip: _____

Desired Loan Amount: _____ Purpose of Loan: _____

Description of Collateral: _____

Est. Current Market Value (if sold within 90 days): _____ Purchase Price: _____

Contract Price if Acquisition, or Original Purchase Price if Refinance: _____

Date of Original Purchase (if Refinance): _____

Est. Value (after implementation of business plan): _____ Amount Existing Debt: _____

Terms of Existing Debt: _____ Use of Proceeds: Acquisition Refinance

Construction Other: _____

Business Plan and Proposed Timetable for Repayment: _____

Name of Borrower: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Name of Referring Broker (If Any): _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Borrower's Attorney: _____

Phone: _____ E-mail: _____

PRIVATE LENDING SOLUTIONS FOR COMMERCIAL REAL ESTATE