ACCESS COMMERCIAL MORTGAGE
LOAN PROPOSAL SUMMARY

DATE SUBMITTED: _____ LOAN AMOUNT REQUESTED: $_____

BORROWER NAME(S): _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

MIDDLE CREDIT SCORE: _____ CURRENT LIQUIDITY $:_____

NET WORTH: _____ YEARS OWNERSHIP/MANAGEMENT EXPERIENCE : _____

PURPOSE OF LOAN: _____

_____

_____

_____

DESCRIPTION OF PROPERTY: _____

_____

_____

_____

DESCRIPTION OF BUSINESS (IF APPLICABLE):_____

_____

_____

_____

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FAX COMPLETED FORM TO 702-967-6892

IF PURCHASE:

PURCHASE PRICE $_____ SELLER CREDIT: $_____

REQUESTED LOAN AMOUNT $_____ CASH DOWN (EQUITY)$:_____

EARNEST MONEY:$_____

SOURCE OF DOWN PAYMENT:_____

_____

IF REFINANCE:

REQUESTED LOAN AMOUNT $_____

ESTIMATED PROPERTY VALUE: $_____

ORIGINAL COST $_____ DATE ACQUIRED: _____

EXISTING DEBT: $_____ LENDER NAME: _____

EXISTING DEBT:$_____ LENDER NAME: _____

PLAN FOR REPAYMENT OF LOAN: _____

_____

_____

IF APPLICABLE:

BROKER'S NAME: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

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