

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): _____ _____ _____ _____

**ACCESS COMMERCIAL MORTGAGE
FAX COMPLETED FORM TO 702-993-1385**

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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