

WWW.HARRISCOMMERCIAL.COM DIRECT LINE: 954-205-8231 1539 NE 33 ST, SUITE 1, Fort Lauderdale, FL 33334

Commercial Funding Request

Business Name:	
Tax id #:	Year Business Started:
How Many Owners:	Owners Percentages:
Business Location:	
City:	
Zip code:Phone #:	
Website:	
Business Email:	
Do you currently have any bank financing	
Requested Amount:	
Commercial Mortgage:	
What is the Use of Funds For:	
Term Loan:	
Line of Credit:	
Equipment:	
What property is being used to secure th	is Loan:
Are there any liens on this property: Yes	No
Do you accept credit cards?	
Do you currently have business insurance	e?
Do you have a business retirement saving	gs plan for the business owners and



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Business Owner #1 Home address:					
City:					
Own/Rent: Mortgage Balance:					
DL #State:					
SS#:Date of Birth:					
When was the last time you reviewed your cred	dit		_Score:		
Value of Personal Assets:Total	Personal	Debt: _		<u>.</u>	
Do you have a cash value on your life insurance	policy_				
Do you have outstanding federal student Loan's					
Do you have any Federal/State Tax Liens/Judge					
Business Owner #2			%:		
Home address:					
City:					
Own/Rent:Mortgage Balance:					
DL # Date of Birth:					
When was the last time you reviewed your cred					
Value of Personal Assets:T					
Do you have a cash value on your life insurance					
Do you have outstanding federal student loan's	<u> </u>				
Do you have any federal/state tax liens/judgem	nents			?	
I AUTHORIZE HARRIS COMMERCIAL CAPITAL LICENSED LENDING REFERRAL PAI CREDIT WORTHINESS FOR THIS LOAN REQUEST.	RTNERS TO OE	BTAIN A PERSO	ONAL CREDIT REPOI	RT TO BE USED IN DETERMIN	ING MY
Owner #1 Signature:		Dat	te:		
Owner #2 Signature:		Dat	te:		