



PRE-SCREEN / FINANCE REQUEST FORM

Send to: Capital Palm Partners, Inc. 8546 Palm Parkway, #240, Orlando, FL 32836.
ATTN: Loan Department: Email) corporate@capitalpalm.com Tel) 407-278-1466

Name of Borrower or Business: _____

Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Type of Business: _____ Year business started: _____

Franchise: Yes No Franchise Concept: _____

Purpose of Loan: _____
(For example, real estate, equipment, furniture & fixtures, other)

Total Project Cost: \$ _____ Equity Injection: \$ _____
(all costs involved in project) (amount of cash borrower putting into business)

Loan Amount Requested: \$ _____ *(total amount of loan requested)*

COMMENTS: _____

PRE-SCREEN Information REQUIRED for ALL Existing Businesses:

- 1) Summary of Business and Use of Proceeds
- 2) Applicant: Authorization to Release Information (form attached)
- 3) Applicant: Personal Financial Statement (form attached)
- 4) Last three years Business Tax Returns from current owner or seller if purchase
(All schedules Required or Sched C if Sole Proprietorship)
- 5) Last 2 years of Profit & loss and Balance Sheet *(recent within 60 days – signed & dated)*
- 6) Expansion or Refinances: Notes payable Schedule on existing Business

Additional Information needed for ACQUISITIONS:

- 7) Purchase Price Breakdown (assets vs Goodwill)
- 7) Buyer Management Resume

PRE-SCREENS CAN NOT BE COMPLETE WITHOUT THE ABOVE REQUIRED ITEMS



COMMERCIAL APPLICATION

COMPANY INFORMATION						
Company Name						
Company Address				City	St:	Zip
Signer			Title:	Tel ()		Ext
Type of Business			Registered 501c3? __Yes __No	No. of years in business?		
PERSONAL GUARANTOR(S)						
Name	Title	Social Security Number		% ownership		Own / Rent Home
Home Address	City	State	Zip	How Long?	Telephone	
Name	Title	Social Security Number		% ownership		Own / Rent Home
Home Address	City	State	Zip	How Long?	Telephone	
BANK REFERENCE(S)						
Name of Bank / Branch	How Long?	Account #		Average Balance	Contact Officer / Phone	
Name of Bank / Branch	How Long?	Account #		Average Balance	Contact Officer / Phone	
TRADE REFERENCES						
Name of Trade Business	City / State	Telephone		How Long?	Contact / Phone	
Name of Trade Business	City / State	Telephone		How Long?	Contact / Phone	
LEASE / LOAN REFERENCES						
Name of Finance Company	Original Amount	Loan Account #		Telephone	Contact Person	
	\$					
Name of Finance Company	Original Amount	Loan Account #		Telephone	Contact Person	
	\$					
EXPLANATION OF DEROGATORY PAYMENT / CREDIT HISTORY						

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Capital Palm Partners and its assignees, agents or nominees harmless from same. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into the binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. If for any reason your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. We will send you a written statement of reasons for the denial of credit within 30 days after a final credit denial has been indicated and your loan application has been closed.

Applicant: _____ Signature: _____ Title: _____ Date: _____

Applicant: _____ Signature: _____ Title: _____ Date: _____



AUTHORIZATION TO RELEASE INFORMATION

In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby: authorizes Capital Palm Partners and each of its affiliates (collectively, the “Lender”) to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. Each of the undersigned individuals hereby acknowledges that Lender will obtain a consumer credit report concerning them.

The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender.

The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., are valid, accurate and complete.

All owners including stockholders with 20% or more ownership interest, partners, directors and guarantors must sign this form (spouses should sign when applicable).

SOCIAL SECURITY #

NAME

SIGNATURE

DATE

SOCIAL SECURITY #

NAME

SIGNATURE

DATE



PERSONAL FINANCIAL STATEMENT

CPP

COMMERCIAL LOAN APPLICATION

As of

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name Business Phone
Residence Address Residence Phone
City, State, & Zip Code
Business Name of Applicant/Borrower

Table with columns ASSETS (Omit Cents) and LIABILITIES (Omit Cents). Rows include Cash on hands, Savings Accounts, IRA, Accounts & Notes Receivable, Life Insurance, Stocks and Bonds, Real Estate, Automobile, Other Personal Property, Other Assets, Accounts Payable, Notes Payable, Installment Account (Auto), Installment Account (other), Loan on Life Insurance, Mortgages on Real Estate, Unpaid Taxes, Other Liabilities, Total Liabilities, Net Worth.

Section 1. Source of Income vs Contingent Liabilities. Rows include Salary, Net Investment Income, Real Estate Income, Other Income, As Endorser or Co-Maker, Legal Claims & Judgments, Provision for Federal Income Tax, Other Special Debt.

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Table with columns: Name and Address of Noteholder(s), Original Balance, Current Balance, Payment Amount, Frequency (monthly, etc), How Secured or Endorsed Type of Collateral.



Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

	Property A	Property B	Property C
Type of Property			
Name & Address of Property			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).

I authorize Capital Palm Partners and its assigned Lender to make inquiries as necessary to verify the accuracy of the statements made and determine my credit worthiness. I certify the above and the statements contained in the attachment are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	SS No
Print	Title	



NOTES PAYABLE SCHEDULE

Company Name:		Date	
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Schedule of all BUSINESS NOTES ONLY, including lines of credit, mortgages, installment debts, and other contractual obligations. Please indicate any notes being paid off or refinanced with loan proceeds. If subject property is held personally, list the associated Mortgagor Note. Total of the balance due column should coincide with note balances on the interim Business Financial Statement.

ACCOUNT NUMBER AND TO WHOM PAYABLE	ORIGINAL AMOUNT	ORIGINAL DATE	BALANCE DUE	INTEREST RATE	MATURITY DATE	MONTHLY PAYMENT	HOW PROCEEDS USED

Signature _____

Date _____

Print _____

Title _____



TO BE COMPLETED FOR REAL ESTATE INVESTMENT PROPERTY LOANS

INFORMATION

Name		Applicant Company	
Current Address		Company Address	
City		Company City	
State		Company State	
Zip Code		Company Zip Code	
Phone		Phone	
Email		Website	
SS No.		Time in Business	
DOB		D&B No.	
Yearly Income	\$	Gross Income year	\$

ESSENTIAL

Are there any judgements, liens, serious delinquent debt or federal obligations currently pending against you?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please state the total amount	\$
Are you obligated to pay alimony, child support, separate maintenance?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please state monthly obligation	\$
Are you a U.S. Citizen?	<input type="checkbox"/> yes <input type="checkbox"/> no	Are you a permanent resident alien?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you filed bankruptcy within the last 7 years?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, is it discharges?	<input type="checkbox"/> yes <input type="checkbox"/> no
Has the applicant company filed for bankruptcy within the last 5 years?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, is it discharges?	<input type="checkbox"/> yes <input type="checkbox"/> no

LOAN QUALIFICATION

Type of loan needed	<input type="checkbox"/> New loan <input type="checkbox"/> Refinance <input type="checkbox"/> New Construction	Estimate construction cost	\$
Property Sale Price	\$	Estimated rehab cost	\$
Refi: Current balance on loan	\$	Loan Request Amount	\$
Estimated AS-IS Value of property	\$	Down payment	\$
Estimate FUTURE Value of property	\$	Type of property	
If rented, provide monthly rent	\$	No. of rental units at location	
Subject Property Address			
City, State and Zip code			

Acknowledgement. The undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Applicant: _____ Signature: _____ Title: _____ Date: _____

Applicant: _____ Signature: _____ Title: _____ Date: _____