



LIGHTNING QUOTE



General Information

Contact Person: Phone: () - Fax: () - Email:

Borrower Name:

Co-Borrower Name:

Borrower Type: Individual Corporation LLC LP / LLP Trust
 Sole proprietor Other

Property Type: Retail Office Multifamily Mixed-Use Warehouse
 Light Industrial Self Storage Other (specify) _____

Occupancy: Owner Occupied Investor
Loan Purpose: Purchase Cash Out Refinance Rate / Term Refinance

Collateral Information

Property Address City State: Zip:

| | | |
|-------------------------------|--|--|
| # of Units: | | Please provide property description and list types of businesses that occupy the property: _____ _____ _____ _____ _____ _____ |
| # of Units Occupied: | | |
| # of Buildings: | | |
| Total Square Feet: | | |
| Owner Occupied: | | |
| % of Property Owner Occupied: | | |

1. If owner occupied, will you be a commercial tenant or a residential tenant in the property?

2. If you will be a commercial tenant in the property, how long has your business been in existence?

3. If you will be a commercial tenant in the property, how long has your business previously leased or paid a mortgage on a commercial space?

Proposed Loan Information

Requested Loan Amount: \$ Estimated Property Value: \$

Amortization Requested: 15 years 20 years 25 years 30 years

| | |
|-----------------------|------------------|
| Purchase | Refinance |
| Price: | Pay Off Amount: |
| Down Payment: | Cash Out: |
| Additional Financing: | |

| Credit | |
|--|--|
| Please rate your credit score below | |
| Below 575 <input type="checkbox"/> | 640 or better <input type="checkbox"/> |
| 575 or better <input type="checkbox"/> | 660 or better <input type="checkbox"/> |
| 600 or better <input type="checkbox"/> | 680 or better <input type="checkbox"/> |
| 620 or better <input type="checkbox"/> | 700 or better <input type="checkbox"/> |