

BUSINESS NOTE WORKSHEET

Please complete this entire form. This will assist us in providing you a quick and accurate evaluation and quote.

When completed, please fax to **888.283.3218**.

Client Contact Information

Name:

Address 1:

Address 2:

City:

State:

Zip:

Phone:

Email:

Fax:

Business Information

Type of Business:

How long in business at this location:

Asset Value Breakdown

Equipment: \$

Inventory: \$

Goodwill: \$

Is it a franchise?: Y or N

If yes, is the Franchisor committed to cooperate with the Note Buyer in the event of foreclosure/resale?:

Location Information

Property address 1:

Property address 2:

City: State: Zip:

County: Leased or Owned by Payor?:

If leased, what are the terms of lease renewal?:

Description of location:

Qualifications of payor to run this business (attach additional documentation if necessary):

Additional Payor Information

If payor is a corporation, is there also a creditworthy individual liable for payments?

If yes, please fill in the following information:

Name:

Address 1:

Address 2:

City:

State:

Zip:

Phone:

Email:

Fax:

Payor/Payment Information

Payor's employer:

Payment history:
Bad?

Excellent?

Good?

Marginal?

Social Security Number:

Note Information

Sale Price:

Date of Sale:

Down Payment:

Date of Note:

Current Balance:

Interest Rate:

Original Note Amount:

Original # of Months:

Balloon Payment: Y or N

Balloon Amount:

Payment # of Balloon:

of Months Remaining on Note:

Lien Position:

Underlying Note (if applicable)

Current Balance:

As of:

Interest Rate:

Payment Amount:

Balloon Payment: Y or N

Balloon Amount:

Balloon Due Date:

Comments: