

Phone: (610) 990-6050 + Fax: (610) 482-9440

Commercial Loan Submission Form

DIRECTIONS: Use the TAB key to navigate through all the fields below. Fill-out completely, save, and e-mail as an attachment to your CLC Representative.

COMPANY										
Broker: Ph			Phone:				Fax:			
Email: Da			Date Submitted:				Account Executive:			
BORROWER(S)										
Name:				Credit Score:						
Name:				Credit Score:						
PROPERTY										
Type: Mixed-Use	# of Units:			# of Units Occupied:						
Address:										
City: State: Zip:										
LOAN PROGRAM										
Choose One:	ose One: FULL DOC			STATED					HARD MONEY	
Choose One:	Purchase		Refinance/Cash Out					Rate	and Term Refinance	
Loan Amount Request: Fair M			Market Value:			Source Of Value: Appraised				
\$\$									Estimated	
Date Purchased: Origin			nal Cost: \$				Payoff of MTG: \$			
LTV: %		CLTV:			%	Cash Out: \$				
OCCUPANCY										
Does borrower reside in property? Yes No		No	Owner- Occupied?			No Investment? Yes No				
TERM	FIXED PERIOD				HARD MONEY (INTEREST ONLY)					
15 Year			3 Year			12 months				
20 Year			5 Year				24 months			
25 Year			10 Year				36 months			
30 Year			Fixed				60 months			
*Please consult your Account Executive regarding prepayment										
penalties that apply based on the term of the loan										
COMMENTS:										