



# EXPRESS CAPITAL FINANCING

## 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 ECF Representative at [info@expresscapitalfinancing.com](mailto:info@expresscapitalfinancing.com)

<b>COMPANY</b>					
Broker:		Phone:		Fax:	
Email:		Date Submitted:		Account Executive:	
<b>BORROWER(S)</b>					
Name:				Credit Score:	
Name:				Credit Score:	
<b>PROPERTY</b>					
Type: <input type="checkbox"/> Mixed-Use		# of Units:		# of Units Occupied:	
Address:					
City:		State:		Zip:	
<b>LOAN PROGRAM</b>					
Choose One: <input type="checkbox"/> FULL DOC <input type="checkbox"/> STATED <input type="checkbox"/> HARD MONEY					
Choose One: <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance/Cash Out <input type="checkbox"/> Rate and Term Refinance					
Loan Amount Request:		Fair Market Value:		Source Of Value: <input type="checkbox"/> Appraised	
\$		\$		<input type="checkbox"/> Estimated	
<b>CURRENT MORTGAGE</b>					
Date Purchased:		Original Cost: \$		Payoff of MTG: \$	
LTV: %		CLTV: %		Cash Out: \$	
<b>OCCUPANCY</b>					
Does borrower reside in property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner-Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		Investment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TERM</b>		<b>FIXED PERIOD</b>		<b>HARD MONEY (INTEREST ONLY)</b>	
<input type="checkbox"/> 15 Year		<input type="checkbox"/> 3 Year		<input type="checkbox"/> 12 months	
<input type="checkbox"/> 20 Year		<input type="checkbox"/> 5 Year		<input type="checkbox"/> 24 months	
<input type="checkbox"/> 25 Year		<input type="checkbox"/> 10 Year		<input type="checkbox"/> 36 months	
<input type="checkbox"/> 30 Year		<input type="checkbox"/> Fixed		<input type="checkbox"/> 60 months	

**\*Please consult your Account Executive regarding prepayment penalties that apply based on the term of the loan**

<b>COMMENTS:</b>
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