

Real Estate Loan Checklist

Ownership Information

- Completed Credit Application
- Completed Personal Financial Statement (for each owner)
- 3 Years Personal Federal Tax Returns (for each owner)
- Management Resume (form attached)

Site Information

- MAI Appraisal and/or Feasibility Study (if available)
- Copy of preliminary site plan
- Summary of Project Cost (form attached)
- Copy of property leases (if applicable)
- Copy of purchase and sales agreement / option
- Copy of environmental documentation (if available)

Business Information

- Affidavit of Ownership (form attached)
- Copy of corporate documents (articles of incorporation, partnership agreement, LLC articles of organization...)
- Business Plan with Projections.
- 3 Years Business Federal Tax Returns & Financials (balance sheet, profit & loss)
- Current interim business financials (balance sheet, profit & loss)
- Schedule of Business Debt (form attached)

Please provide as complete a package as possible, as it will help to expedite your loan request. Please note that additional information may be needed to complete your loan request.

Coast Commercial Credit, LLC
536 E. Lehigh Drive, Deltona, FL 32738
Toll Free Telephone: 1-800-400-0365, Toll Free Facsimile: 1-888-400-0365

Coast Commercial Credit

Credit Application

Legal Name of Company		Amount Requested		Term Requested			
Use of Proceeds				Estimated Funding Date			
Business Address		City	State	Zip	County		
Equipment Location		City	State	Zip	County		
Contact / Title		Phone Number		Fax Number			
E-Mail Address	Federal Tax ID#	Years in Business		Annual Net Profit			
Landlord Name & Address		Insurance Company Name & Address					
Type of Business		Corp.	S-Corp.	Partner.	Proprietor.	L.L.C.	Number of Employees
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Principal Information For All Owners

Full Name	Home Address		City	State	Zip
SSN	Date of Birth	# of Locations Currently Own	% of Ownership	Years Experience in Industry	
Full Name	Home Address		City	State	Zip
SSN	Date of Birth	# of Locations Currently Own	% of Ownership	Years Experience in Industry	
Full Name	Home Address		City	State	Zip
SSN	Date of Birth	# of Locations Currently Own	% of Ownership	Years Experience in Industry	

Business Bank References

Bank	Account Name	Account Number	Contact	Phone Number	Balance

Business Trade / Loan References

Supplier/ Institution	Account Name	Account Number	Contact	Phone Number	Balance

AUTHORIZATION FOR DISCLOSURE OF CREDIT INFORMATION

Because I have applied to Coast Commercial Credit, LLC for financing, I hereby authorize you to disclose to Coast Commercial Credit or its assignees the personal and/or business information as may be required concerning the above statements or attached enclosures within the framework of the Fair Credit Reporting Act. I hereby represent to Coast Commercial Credit or its assignees that such information is true, correct and complete. A Photostatted copy of this authorization shall be valid as the original. The applicant agrees that Coast Commercial Credit or its assignees have the right to confirm the accuracy of the above credit information and that Coast Commercial Credit or its assignees have the right to accept or reject this credit application. The applicant understands that Coast Commercial Credit or its assignees are relying on the credit application and financial statements submitted by the applicant in making its decision in whether to approve the credit request. The applicant agrees to inform Coast Commercial Credit or its assignees immediately of any matter that will cause any significant change in the applicant's financial condition. The applicant agrees to irrevocably release Coast Commercial Credit or its assignees from any and all liability associated with this transaction. The applicant irrevocably authorizes Commercial Credit or its assignees to execute and file UCC financing statements and/or execute credit request authorizations in any and all names related to this transaction.

SIGNATURE	TITLE	DATE	SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE	SIGNATURE	TITLE	DATE

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Section 3.

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4.

(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
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.

(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 Coast Commercial Credit, LLC, the SBA and or assigns to make inquiries as necessary to verify the accuracy of the statements made to determine my creditworthiness. I certify the above and the statements contained in the attachments 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: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

Summary of Project Costs

Company Name _____

Project Costs	Total Required Investment
Land and Improvements	\$ _____
Building Construction/Renovation	\$ _____
Machinery and Equipment	\$ _____
Furniture and Fixtures	\$ _____
Inventory	\$ _____
Refinance Debt*	\$ _____
Working Capital	\$ _____
Closing Costs	\$ _____
Other _____	\$ _____
Total Project Cost	\$ _____
 Borrower Injection	 \$ _____
 Total Loan Amount	 \$ _____

*List of lenders being refinanced with dollar amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Signature _____ Date _____

Affidavit of Ownership / Authority

I _____ (Name), as _____ (Position) of
_____ (Company Name)
located at _____ do
hereby certify that the following is a list of shareholders/partners/owners, directors, and officers of the
company as of _____ (Date).

Shareholders (corporation) Partners (partnership) Owners (proprietorship) Other _____

	%
	%
	%
	%
	%
	%

Directors:

Officers:

Chairman of the Board	
President	
Vice President	
Secretary	
Treasurer	
Other _____	
Other _____	

Signature _____ Date _____

Management Resume

(Resume is required for all stockholders, owners, partners, officers, directors, and/or guarantors)

Name _____ SS# _____

Date of Birth _____ Place of Birth _____

Home Telephone _____ Business Telephone _____

Home Address _____ From _____ To _____

Previous Address _____ From _____ To _____

Spouse's Name _____ SS# _____

Are you employed by the U.S. Government? Yes No If yes, give position _____

Are you a U.S. Citizen? Yes No If No, give Alien Registration Number _____

Have you ever been convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? Yes No If yes, furnish details in a separate exhibit.

Have you ever declared bankruptcy? Yes No If yes, furnish details in a separate exhibit.

Do you have any pending lawsuits? Yes No If yes, furnish details in a separate exhibit.

Education

Name and Location	Dates Attended	Major	Degree or Certificate
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College: _____

High School: _____

Did you obtain a government student loan for any portion of your education? Yes No

Continuing Education Courses: _____

Military Service

Branch _____ From _____ To _____ Honorable Discharge? _____

Rank at Discharge _____

Work Experience (list chronologically, beginning with present employment)

Company Name/Address _____

From _____ To _____ Title _____

Duties _____

Company Name/Address _____

From _____ To _____ Title _____

Duties _____

Company Name/Address _____

From _____ To _____ Title _____

Duties _____

Professional Associations, Offices Held, etc. _____

Signature _____ Date _____

Schedule of Business Debt

Company Name: _____
 (attach copies of notes and/or billing statements)

Creditor	Original Date	Original Amount	Balance	Rate of Interest	Maturity Date	Monthly Payment
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						

Total Present Balance as of _____	\$ _____
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	Collateral for above referenced notes (i.e. unsecured, equipment, inventory, real estate, securities...)
Note 1)	
Note 2)	
Note 3)	
Note 4)	
Note 5)	
Note 6)	
Note 7)	
Note 8)	

Signature _____ Date _____