

Fax To: (866) 240-8454

Business Note							
Borrower Information:							
First Name:	Last Name:						
Your Time Zone:	Best Time to Call Phone: (Phone: ()			
Fax: ()	Your Home A	ddress:	E-mai	il:			
Your City:	State:	Zip c	ode:				
ъ те и							
Business Information: Name of Business:							
Type of Business:							
Business Street Address	•						
City:	State:		Zip Code:				
County:	State.		Zip code.				
Is operation a Franchise	•						
☐ Yes ☐ No	•						
If yes, has franchisor co	mmitted to cooperate w	ith seller in the eve	nt of foreclosure /	resale:			
☐ Yes ☐ No	minico to cooperate w			resure.			
How long in business at	this location:						
Business Location is:	uns rocurron.						
	Lease By Payor						
If leased when does leas	<u> </u>						
Give terms of any lease							
Qualifications of Payor		•					
Qualifications of Fuyor		•					
Note Payor's Informatio	n:						
Is Davor a corneration				☐ Yes	□ No		
Is Payor a corporation:					□ No		
If Payor is a Corporation		•	•	☐ Yes	□ No		
Payors First Name:	Las	st Name:	Phone	: ()			
Home Address:							
City:	State:	Zip code:					
Payors Social Security N							
Note Payor's Credit beli	eved to be:						

☐ A-Excellent ☐ B-Good	☐ C-Below Average	□ D-Poor	
Note payors credit score (if avail	lable):		
Description of business location	& area:		
Receivable Information:			
Date of Sale:	Sale Price:	Down Payment:	
1 st lien Amount:	Date 1 st Payment w	as Due:	
Next Payment Due Date:	Term of Note (in mouths):		
Balloon Date (if any):	Balloon Amount	Balloon Amount (if any):	
Current Balance (1 st lien):	Interest Rate:	Payment Amount 1 st Lien:	
Number of Payments Made:	Number of Payments Remaining:		
Additional Information:			
Equipment \$:	Inventory \$:	Goodwill \$:	
Non-Compete Agreement \$:	Real Estate \$:		
Reason for Selling Note:			
		_	
Oo you have and can you supply	copies for the following do		
Note:		□ Yes	□ No
Security Instrument:		☐ Yes	□ No
Title:		□ Yes	□ No
Sales Contract:		☐ Yes	□ No
		☐ Yes	□ No
Payor Credit Report:		□ Yes	□ No
Closing Statement:			
Bill of sale:		☐ Yes	□ No
Insurance:		□ Yes	□ No
Lease:		□ Yes	□ No
Franchise Agreement:		□ Yes	□ No
UCC Filing:		☐ Yes	□ No
<u> </u>		☐ Yes	□ No
Payment History:			

What type of purchase are you interested in:	☐ Full Purchase	□ Part	ial Purchase			
Is there a specific dollar amount that you need to raise:						
I am ready for a free quote and if your offer meets my approval I am ready to close transaction in the next 30						
days:						
		□ Yes	□ No			

Premier Small Business Solutions, LLC