



Agent Name: _____

PREQUALIFICATION REQUEST

CLIENT INFORMATION

Date: _____

NAME: _____

SS#: _____

EMAIL: _____

BUSINESS NAME: _____

EIN#: _____

BUSINESS ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PERSONAL ADDRESS: _____ PHONE: _____

CITY: _____

HOMEOWNER: _____ ASSETS?: _____ TYPE & VALUE OF ASSETS: _____

BUSINESS AGE: _____ AVG GROSS REVENUE (MONTHLY): _____ CC SALES: _____

DO YOU HAVE RECEIVABLES?: _____

DO YOU HAVE BUSINESS COLLATERAL?: _____

EXPLAIN: _____

TYPE OF BUSINESS/INDUSTRY: _____

AMOUNT REQUESTED: _____ SPECIFIC PRODUCT: _____

USE OF FUNDS/PURPOSE: _____

WHERE ELSE APPLIED: _____

CAN PROVIDE 2 YEARS TAX RETURNS?: _____

CREDIT SCORES: EXPERIAN: _____ TRANSUNION: _____ EQUIFAX: _____

COMMENTS-SCENARIO

