AMERICAN BUSINESS LENDING
GROW YOUR BUSINESS

5332 S. Memorial, Suite 100
Tulsa, OK 74145

Please Fax Back To:

Fax # : 918-664-7300

***Attn*: Christopher Parks**

Office #: 918-641-5959

Christopher@AmericanBusinessLending.com

COMMERCIAL CREDIT APPLICATION

Business Property Information

☐ Purchase ☐ Cash-Out Refinance ☐ Rate/Term Refinance ☐ Other_____

Requested Loan Amount: $_____ Purpose:_____ Term: 5 ___ 10 ___15 ___20 ___25 ___ 30 ___

Business Legal Name:_____ Lien Holder/Mortgage Co:_____

Business Address:_____ City:_____ State:_____ Zip:_____

(No P.O. Boxes) Entity Type C-Corp__ Sub-S Corp__ LLC__ General P'ship Sole Proprietorship _Other___

Nature of Business:_____ Date Purchased:___/___/___ Last Appraisal Date:_____

Phone: (_____)_____ Fax: (_____)_____ Email: _____

# of Units: _____ Monthly Payment: $ _____ Building Size (SF): _____ Acreage:_____

Estimated Value: $_____ Purchase Price: $_____ Current Loan Balance: $_____

☐ Owner Occupied - Owner Occupancy %: _____ ☐ Investment Property - Tenant Occupancy %: _____

Gross Income/Sales: $ _____ Annual Profit: $ _____ # of Liens/Mortgages: _____

Please designate how title should be held for property: _____

Personal Information

First Name:_____ Middle Initial:_____ Last Name:_____

Social Security Number:_____-_____-_____ Date of Birth:_____/_____/_____ Marital Status: _____

Address:_____ City:_____ State:_____ Zip:_____

☐ Rent ☐ Own Home Phone:(____)_____ Cell:(____)_____ Income: $_____

Primary Bank:_____ Average Checking Bal:$_____# Dependents: _____ Ages: _____

Residential Property Information

Date Purchased:_____/_____/_____ Home Value:$_____ # of Mortgages/Liens: _____

Total Mortgage Owed: $_____ Original Mortgage Amount: $ _____

Monthly Payment: $_____ Landlord/Mortgage Holder: _____

Address:_____City:_____ State:_____ Zip:_____

Previous Address:_____ Years at Previous Address: _____

Personal Income: $_____ Household Income $_____ Total Assets $: _____

Property Type

☐ Nursing Home	☐ RV Park	☐ Funeral Home	☐ Auto Service / Repair
☐ Warehouse	☐ Mixed Use	☐ Mobile Home Park	☐ Auto Dealership (circle) New Used
☐ Car Wash	☐ Multi-Family	☐ Self-Storage	☐ Assisted Living Facility
☐ Bed & Breakfast	☐ Retail	☐ Gas Station	☐ Hotel/Motel ____Flagged Yes / No
☐ Campground	☐ Office	☐ Day Care Center	☐ Light Industrial
☐ Golf Course	☐ Restaurant	☐ Special Purpose	☐ Other-Describe:

_____ _____ Date: _____/_____/ 2009

Signature of Borrower Printed Name

* Please Note: Additional Information may be needed to complete your application for our underwriting department.