

Business Note Submission Worksheet

CCFC/Referral Representative Information

Name _____ Date _____
 Company _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Fax _____

Business Information

Type of business _____
 Location address _____
 County _____ City _____ State _____
Asset value breakdown:
 Equipment \$ _____ Inventory \$ _____ Goodwill \$ _____
 How long in business at this location? _____ Is the operation a franchise? No Yes
 If yes, has franchisor committed to cooperate with note buyer in event of foreclosure/resale?
 No Yes
 Business location is: Owned by payor Leased by Payor: Lease expires _____
 Terms of any lease renewal options: _____
 What qualifications does the payor have to operate this business? _____

 If payor is a corporation, is there also a creditworthy individual liable for payments?
 No Yes (name) _____

Historical Information

Date of sale _____
 Selling price \$ _____
 Down payment \$ _____
 First lien \$ _____
 Second lien \$ _____

Description of Business Location

Note Information

Date of note _____
 Amount \$ _____
 Term in months _____ (a) _____ (b) _____
 Payment amount \$ _____
 Balloon amount \$ _____
 Balloon date _____
 Interest rate _____ %
 Due date 1st pmt _____
 # of pmts paid _____
 # of pmts left _____
 Next pmt due _____
 Balance \$ _____

Payor Information

(Employment info, payment history, SSN) _____

Seller's Motivation/Need

Quote

Buy Total Note \$ _____
 Buy _____ pmts for \$ _____
 Buy _____ pmts for \$ _____
 Date of quote _____
 Closing costs paid by _____

I have copies of the following:

Note	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security instrument	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Title	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sales contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payor credit report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Closing statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bill of sale	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Franchise Agrmt	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UCC-1	<input type="checkbox"/> Yes	<input type="checkbox"/> No