

Appt. Date: _____ Time: _____
 Location: _____
 Commercial Investment
 Purchase Construction
 Other: _____

Scott Secor, Sr. Loan Officer
 199 Coon Rapids Blvd., #102
 Coon Rapids, MN 55433
 Office: 763.398.5565
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TELL US ABOUT YOUR COMMERCIAL LENDING NEEDS

Please complete this Commercial Lending Application and return it by mail or FAX before your scheduled appointment. This information will enable our mortgage professionals to accurately assess your needs in the most timely manner. All data are held in the strictest of confidence and are never shared.

PRIMARY CONTACT

Name _____
 Home Phone _____
 Home Address _____
 City _____ State _____ Zip _____
 Office Phone _____
 Office Address _____
 City _____ State _____ Zip _____
 Position _____
 Email / Cell Phone: _____

SECONDARY CONTACT

Name _____
 Home Phone _____
 Home Address _____
 City _____ State _____ Zip _____
 Office Phone _____
 Office Address _____
 City _____ State _____ Zip _____
 Position _____
 Email / Cell Phone: _____

TERTIARY CONTACT

Name _____
 Home Phone _____
 Home Address _____
 City _____ State _____ Zip _____
 Office Phone _____
 Office Address _____
 City _____ State _____ Zip _____
 Position _____
 Email / Cell Phone: _____

SUBJECT PROPERTY ADDRESS

Address _____
 City _____ County _____
 State _____ Zip _____

Property Type:

Office Retail Industrial Multi-family
 Mixed Use Comm'l. Condo Other: _____

Property Usage:

O/O N/O/O Income Other: _____

Estimated Valuation: \$ _____

Total Existing Liens: \$ _____

Original Purchase Price: \$ _____

Year Acquired: _____

Number of Floors: _____

Number of Units / Spaces: _____

Building Square Footage: _____ s.f.

Land Square Footage: _____ s.f.

Current Property Usage: _____

Current Zoning: _____

Gross Annual Income: \$ _____

Estimated Annual Expenses: \$ _____

Property Age: _____

Property Condition: _____

Deferred Maintenance: _____

Income Property:

Number of Units: _____ Lease Terms: _____

Vacancies: Yes No If so, percentage _____%

Purchase Money:

Selling Price: \$ _____

Down Payment: \$ _____

Source of Down Payment: _____

BORROWER AUTHORIZATION

I / we hereby grant consent for the release all information concerning credit, bank accounts, mortgage or rental payment history, tax records, obligations, and other credit matters to Accredited Mortgage, its employees, its secondary market investors, or any credit bureau that it may designate. This authorization is given in connection with an application for a loan and any quality control review associated with any such loan. To obtain information for auditing purposes, any holder of the mortgage loan may use this authorization at any time. Furthermore, I / we hereby certify that this information is true and accurate to the best of my / our knowledge. I / we understand that although Accredited Mortgage seeks to assist in meeting my / our financial needs, the company and its employees are not acting as our agent in connection with obtaining a commercial loan. A photographic copy of this authorization may be used to obtain the release of information, and shall be as effective as the original Borrower Authorization.

Borrower _____ Co-Borrower _____ Date _____

I hereby certify that this is a true and accurate copy of the original. _____ for Accredited Mortgage