



Capital Management Group

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LENDER/INVESTOR INFORMATION FORM

INDIVIDUAL(S) AND/OR COMPANY:

Full Name: _____ Title: _____

Company Name: _____

Complete

Street Address: _____

City: _____

Zip Code: _____

State: _____

Country: _____

Tel #: _____

Fax #: _____

Email: _____

Mobile: _____

Website Address: _____

Contact Person: _____

Month and year Business license taken: _____

Types of Projects you prefer to finance:

Types of Capital you provide:

Loan Type:

Property Type:

- | | |
|---|--|
| <input type="checkbox"/> Business Loans | <input type="checkbox"/> Hospitality (Motels & Hotels) |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Leisure (Golf courses, Marinas
RV Parks, etc.) |
| <input type="checkbox"/> Mezzanine | <input type="checkbox"/> Owner-occupied businesses |
| <input type="checkbox"/> Purchase | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Acquisition and
Development | <input type="checkbox"/> Retail (Shopping Centers/strip
malls) |
| <input type="checkbox"/> Nonrecourse | <input type="checkbox"/> Office Building and
Complexes |

Other _____ Other _____

Other Comments:

LOAN AMOUNT:

Min. Amt. _____ Max. Amt. _____

LTV% _____

AUTHORIZED SIGNATURE:

Geographical area you operate:

Signature: _____

Full Name: _____

Title: _____ Date: _____