

APPLICATION FOR TRANSACTIONAL FUNDING

Please fill out form completely: (enter required data in the allotted space)

Sign and fax completed form to: (281) 271 5559/// or email pdf to: admin@m3equitycapital.com

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BORROWER/INVESTOR (B) INFORMATION

First Name (1): _____ / Middle: _____ / Last: _____ /
First Name (2): _____ / Middle: _____ / Last: _____ /
Phone Number: _____ / Cell Phone: _____ / Fax Number: _____ /
Email Address: _____ / Home Street Address: _____ /
City: _____ / State: _____ / Zip: _____ /
Company Name: _____ / Your Job Title: _____ /
Company Street Address: _____ / City: _____ /
State: _____ / Zip: _____ / Company EIN: _____ /

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PROPERTY INFORMATION

Property Street Address: _____ / City: _____ /
State: _____ / Zip: _____ / County: _____ /
Legal Description of Property: _____
_____ /

Do you have photos of property (min. 6)? Yes No

Property Type: Single Family 2 to 4 units 5+ Units Commercial
Construction Type: Brick Wood Vinyl Other

Purchase Price (A to B): \$ _____ /

Re-sell Price (B to C): \$ _____ /

This property is: REO Short Sale HUD FSBO OTHER

Is Seasoning Required by Seller? Yes No

Closing Date: A to B _____ /

Closing Date: B to C _____ /

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SELLER (A) INFORMATION

Seller's First Name: _____ / Last name: _____ /

Company/Entity Name if applicable: _____ /

Seller's Address: _____ /

Seller's Phone: _____ / Fax #: _____ / Email: _____ /

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END BUYER (C) INFORMATION

Buyer's Name: _____ /

Buyer's Entity Name - if applicable: _____ /

Buyer's Address: _____ / City: _____ /

State: _____ / Zip: _____ / Phone: _____ /

Fax: _____ / Email: _____ /

Lender's name: _____ /

Loan Approval Verified? Yes No

If Cash -- Have funds to close been verified? Yes No

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ADDITIONAL INFORMATION (enter any additional information in this box):

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CERTIFICATION

I/We certify that all information provided above or any attachment is correct.

I/We authorize Lender to verify all information and references, including my/our credit scores.

If signing on behalf of an entity and not as an individual, I/We certify that I/We have the authoritative capacity to sign on behalf of Borrower(s).

NAME (1): _____ / Signature _____ / Date: _____

NAME (2): _____ / Signature _____ / Date: _____

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