

Commercial Property Customer Questionnaire

Property name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Questions**

*Thank you for taking the time to complete this questionnaire. Your answers will help us formulate a customized response to your expressed needs. We will contact you within 48 hours of receipt of this questionnaire and completed credit application.*

(1) Please help us understand your financing needs by checking the finance options of interest:  
 Term Loan     Leasing     Project Financing     Not Sure

(2) If you are interested in Leasing, please indicate your leasing preference:  
 Finance Lease     True/Tax Lease     Operating Lease     Not Sure

(3) For the proposed projects, please indicate, by checking the appropriate boxes, what your finance preferences are:  
 100% financing     We prefer to make a \_\_\_% down payment     Not Sure

(4) Existing Financing:  
(a) Are mortgage payments tied to your buildings' cash flow?     Yes     No     Not Sure

(b) Does the mortgage have a balloon payment?     Yes     No     Not Sure

• If "yes", when is the balloon payment due? \_\_\_\_\_

(c) Do any existing loan agreements have restrictions (covenants) on future borrowings?  
 Yes     No     Not Sure

(Continued on other side)

(d) Is the property owned by a Limited Partnership or Limited Liability Company?

Yes  No  Not Sure

• If "yes", is the General Partner or Owner personally guaranteeing the financing?

Yes  No  Not Sure

(5) Who will be involved in making a finance decision? Please list their names and titles:

_____	_____
_____	_____
_____	_____
_____	_____

(6) In your opinion, if financing is not arranged by the vendor, will your organization proceed with the proposed installation?  Yes  No  Not Sure

(7) Comments and observations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Vendor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Rep Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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