



Capstone Commercial Capital, LLC

5100 Poplar Avenue Suite# 2700

Memphis, TN 38137

P: 1-800-808-4183 | F: 1-888-304-1577

E: Request@CapstoneCommercialCapital.com

General Instructions

Capstone Commercial Capital, LLC thanks you in advance for submitting your financing request to us. We truly welcome and appreciate the opportunity to secure the financing you need and deserve.

For your convenience, we have attached extra auto-fill pages to provide extra space if needed.

To prevent delays in the process, please complete the form in its entirety. Thank you.

1. In addition to the completion of this request, please supply the following:
 - a. Management bios and resumes
 - b. Executive Summary describing the transaction
 - c. Current Accounts Receivable Aging Report
 - d. Company brochures, if available
 - e. Pictures and/or brochures of the equipment
2. Please sign (live signature) and date request. **If you complete this request electronically, please remember to save the file afterward.**

The request and other documents can be submitted to the email address or fax number listed above.



EQUIPMENT LEASE REQUEST
(For all questions that do not apply, please type N/A)

Main Contact Information

Full Name:		Legal Business Name:			
Business Address:		City:	State:	Zip:	Country:
Best Contact Number:	Fax Number:	Email:		Best time to call?	
				<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

Principals/Guarantors

(Please include all who own 20% or more of company, and use provided attachment if more space is needed)

Name:	Title:	Years in Industry:	Ownership %		
Address:	City:	State:	Zip:	Country:	
Phone:	Email	Best time to call?			
		<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			

Name:	Title:	Years in Industry:	Ownership %		
Address:	City:	State:	Zip:	Country:	
Phone:	Email	Best time to call?			
		<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			

Name:	Title:	Years in Industry:	Ownership %		
Address:	City:	State:	Zip:	Country:	
Phone:	Email	Best time to call?			
		<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			

Name:	Title:	Years in Industry:	Ownership %		
Address:	City:	State:	Zip:	Country:	
Phone:	Email	Best time to call?			
		<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			

Lease Details

If requesting Sale Leaseback, please check box

If new business, please check box

If you are a new business, how much total capital is required to start? \$ _____		Of the total required capital to start your business, how much is Your contribution: \$ _____ Borrowed money: \$ _____	
Amount requested : \$ _____	How soon do you need the lease? <input type="checkbox"/> Less than 10 days <input type="checkbox"/> Within a month <input type="checkbox"/> Within 3 months	Preferred Term (months): <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____	
Preferred monthly payment range: \$ _____	Preferred purchase option: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> \$1 Buyout <input type="checkbox"/> Purchase Upon Termination <input type="checkbox"/> TRAC		
Requested delivery date:	Seller type: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Dealer <input type="checkbox"/> Private Party	What is vendor/dealer quote? \$ _____ <input type="checkbox"/> Don't have one	
Is the equipment required to operate the business? <input type="checkbox"/> Yes <input type="checkbox"/> No		What will the equipment be used for? <input type="checkbox"/> Expansion <input type="checkbox"/> Replacement <input type="checkbox"/> New Contract <input type="checkbox"/> Other	
If "other", please explain: _____ _____ _____			
Is the equipment new or used? <input type="checkbox"/> New <input type="checkbox"/> Used		Please describe equipment: _____ _____ _____	
Do you have pictures and/or brochures of the equipment? <input type="checkbox"/> Pictures <input type="checkbox"/> Brochures <input type="checkbox"/> Both		Anticipated monthly income from equipment? \$ _____	
What is your anticipated return on investment: \$ _____		If required, are you willing to provide a personal guarantee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If required, what amount do you have available for a security deposit and/or down payment? \$ _____			Do you have collateral? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select all that apply: <input type="checkbox"/> Commercial Property <input type="checkbox"/> Equipment <input type="checkbox"/> Bonds <input type="checkbox"/> Inventory <input type="checkbox"/> Home Equity <input type="checkbox"/> Cash <input type="checkbox"/> Land <input type="checkbox"/> Trust <input type="checkbox"/> Stocks <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Titled Vehicle/s			
Please estimate the liquidation value of your inventory (please exclude work in progress): \$ _____		Please estimate the liquidation value of your equipment (please exclude furniture, telephone, computer equipment): \$ _____	

Lease Details, Continued

If equipment has been appraised, for how much and when? \$ _____ Date: _____	Appraisal type? <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Orderly Liquidation Value <input type="checkbox"/> Forced Liquidation Value		
Appraised/estimated value of business owned real estate: \$ _____	Other Collateral:		
Estimated value of other business assets: \$ _____	Total secured debts (including mortgages) against company now: \$ _____	Secured monthly debt payment: \$ _____	Are you current on secured monthly debt payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:			

Credit Overview

(This section is to be completed by each Principal/Guarantor who owns 20% or more of company)

Credit Scores:

Fair Isaac: Empirica _____ Beacon _____ I don't know

Are you a homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you current on mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Modification in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

If you are not current on mortgage payments, please explain why and the amount past due:

Have you ever filed/Currently in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been foreclosed upon/Currently in foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

If yes, please explain:

If yes, please explain:

Do you have any judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any tax liens or tax delinquencies? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If yes, please explain:

If yes, please explain:

Credit Overview, Continued

Past-due child support?

Yes No

If yes, please explain:

Between your business and personal, how much cash do you have in your bank accounts?

\$0 - \$4K \$5K - \$9K \$10K - \$24K \$25K - \$49K Over \$50K

Do you have an outside source of income:

Yes No

If yes, please select all that apply:

Working Spouse Retirement Income Real Estate Income Other Business Income Other

If "other", please explain:

What is your annual outside source of income?

\$

What is your current tangible net worth?

\$

If necessary, do you have a co-signor who is willing to provide a personal guarantee if required?

Yes No

Business Information

Year Established:	Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____	State of Incorporation:
--------------------------	---	--------------------------------

If "other", please explain:

Please provide detailed description of business:

Is the business now (or to be) located in leased or owned space? Leased: <input type="checkbox"/> Now <input type="checkbox"/> Will be leased Owned: <input type="checkbox"/> Now <input type="checkbox"/> Will be owned	If leased, when does lease expire?	Monthly payment: \$	Are payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	-----------------------------------	--

If you are not current on payments, please explain why and the amount past due:

Type of phone line: <input type="checkbox"/> Landline <input type="checkbox"/> VoIP—Voice over Internet Protocol <input type="checkbox"/> Cell <input type="checkbox"/> Other _____	Number of Employees (W-2):	Number of Independent Contractors:
--	-----------------------------------	---

Services Type: <input type="checkbox"/> B2B <input type="checkbox"/> B2C <input type="checkbox"/> Both	What is current company net worth? \$	Annual Gross Revenue \$	Please select all that apply to your business: <input type="checkbox"/> Current/Past Bankruptcy <input type="checkbox"/> Current/Past Judgments <input type="checkbox"/> Past Due Taxes/Current Tax Liens <input type="checkbox"/> N/A
--	---	---------------------------------------	---

Please explain all that apply:

Business Information, Continued

Number of NSFs in the past 12 months:	Do you currently accept credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No, but I would like to <input type="checkbox"/> No	If yes, what is your monthly credit card volume? \$ _____	
Current A/R total: \$ _____	A/R over 60 days old: \$ _____	A/R over 90 days old: \$ _____	A/R currently pledged as collateral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does any one of your customers account for over 25% of your A/R? <input type="checkbox"/> Yes <input type="checkbox"/> No	Terms extended to your customers (e.g. Net 30, 60 days):	Current A/P total: \$ _____	Are your tax returns prepared by an accountant/CPA firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of sales performed under contract with progress billing:		Percentage of customer base outside U.S.:	
Do you have accountant prepared financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type of statements, and when does the year end? <input type="checkbox"/> Audited <input type="checkbox"/> Reviewed <input type="checkbox"/> Compiled Year ends: _____	
Is business currently making money or losing money? <input type="checkbox"/> Making money <input type="checkbox"/> Losing money		If making money, for how many consecutive months?	
Please provide total Revenue and Net Income for the past three years. If you do not have the numbers for the past three years, please provide revenue and income for the years you have:			
Year: _____	Year: _____	Year: _____	
Revenue: _____	Revenue: _____	Revenue: _____	
Net Income: _____	Net Income: _____	Net Income: _____	
<input type="checkbox"/> New business—no income yet			

Acknowledgment

I acknowledge and understand this is not an application for credit. The intent of this request is for Capstone Commercial Capital, LLC to determine if and what financing type, term, etc., I qualify for. I further understand that because this request is preliminary, additional documents and paperwork will be required to satisfy the verification process.

Name: _____ Title: _____

Signature: _____ Date: _____

ATTACHMENTS

Additional Points of Clarification, Explanations, Etc.

Principals/Guarantors

Name:	Title:	Years in Industry:	Ownership %
Address:	City:	State:	Zip:
Phone:	Email	Best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

Name:	Title:	Years in Industry:	Ownership %
Address:	City:	State:	Zip:
Phone:	Email	Best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

Name:	Title:	Years in Industry:	Ownership %
Address:	City:	State:	Zip:
Phone:	Email	Best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

Name:	Title:	Years in Industry:	Ownership %
Address:	City:	State:	Zip:
Phone:	Email	Best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

Name:	Title:	Years in Industry:	Ownership %
Address:	City:	State:	Zip:
Phone:	Email	Best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

Name:	Title:	Years in Industry:	Ownership %
Address:	City:	State:	Zip:
Phone:	Email	Best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	