



**Fax the following to your InterBay Loan Officer:**

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|----------------------------|-----------------------------|
| 1. LOAN REQUEST FORM       | 3. TRI-MERGED CREDIT REPORT |
| 2. LOAN APPLICATION (1003) | (dated within 30 days)      |
| 4. APPRAISAL, IF AVAILABLE |                             |

If you do not know the fax number, call us at 866-INTERBAY / www.interbay.com

### LOAN REQUEST FORM

#### SOURCE

BROKER COMPANY NAME	PHONE (INCLUDING EXT.)	FAX
CONTACT	E-MAIL ADDRESS	LICENSE TYPE <input type="checkbox"/> BROKER <input type="checkbox"/> LENDER

#### ADMINISTRATION

INTERBAY ACCOUNT EXECUTIVE	SUBMISSION DATE
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#### BORROWER(S)

NAME	NAME #2
GUARANTOR	GUARANTOR #2
CREDIT SCORES	CREDIT SCORES

**BORROWER(S) WILL BE**

<input type="checkbox"/> INDIVIDUAL(S)	<input type="checkbox"/> CORPORATION/LLC [TIN _____]
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> OTHER (PLEASE SPECIFY): _____
<input type="checkbox"/> % OF CORPORATION OWNED BY BORROWER _____	

#### PROPERTY

ADDRESS	CITY	STATE	ZIP
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**COMMERCIAL PROPERTY TYPE**

<b>TIER 1</b> <input type="checkbox"/> MULTIFAMILY <input type="checkbox"/> MIXED-USE  <b>TIER 2</b> <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> MOBILE HOME PARK (=/- 25% RV) <input type="checkbox"/> SELF-STORAGE <input type="checkbox"/> AUTO SERVICES	<b>TIER 3</b> <input type="checkbox"/> FLAGGED HOSPITALITY (Motel/Hotel) <input type="checkbox"/> ROOMING HOUSE <input type="checkbox"/> MARINAS <input type="checkbox"/> CAMPGROUND <input type="checkbox"/> CAR WASH <input type="checkbox"/> BED & BREAKFAST	<b>TIER 4</b> <input type="checkbox"/> DAY CARE CENTER <input type="checkbox"/> UNFLAGGED HOSPITALITY (Motel/Hotel) <input type="checkbox"/> EDUCATION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> MOBILE HOME PARK (greater than 25% RV) <input type="checkbox"/> GOLF COURSE <input type="checkbox"/> LIGHT INDUSTRIAL <input type="checkbox"/> FUNERAL HOME <input type="checkbox"/> GAS STATIONS	<input type="checkbox"/> MARINAS (w/lake access only) <input type="checkbox"/> RV PARK (no mobile homes) <input type="checkbox"/> ASSISTED LIVING FACILITY (ALF) <input type="checkbox"/> NURSING HOME <input type="checkbox"/> SPECIAL PURPOSE (describe) _____ _____ _____
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NO. OF UNITS	OCCUPANCY%	OWNER OCCUPANCY %	OTHER COMMENTS
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<b>OCCUPANCY</b> <input type="checkbox"/> BUSINESS OWNER <input type="checkbox"/> BUSINESS INVESTMENT	<b>PRIMARY RESIDENCE</b> DOES BORROWER RESIDE IN PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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#### PROPOSED LOAN TRANSACTION

<b>LOAN PROGRAM</b> <input type="checkbox"/> 1 YR. ARM <input type="checkbox"/> 5 YR FIXED <input type="checkbox"/> 2 YR FIXED <input type="checkbox"/> FIXED	<b>ONE RATE</b> <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 10	<b>PURPOSE</b> <input type="checkbox"/> PURCHASE <input type="checkbox"/> RATE/TERM REFI <input type="checkbox"/> CASH-OUT REFI
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REAL ESTATE VALUE/ PURCHASE PRICE \$	<b>SOURCE OF VALUE</b> <input type="checkbox"/> APPRAISAL <input type="checkbox"/> SALES PRICE (IF PURCHASE) <input type="checkbox"/> ESTIMATE	APPRAISAL DATE
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REQUESTED LOAN AMT \$	LTV %	CLTV %	SOURCE OF 2ND	GIFTS \$
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ORIGINAL COST (REFI) \$	USE OF PROCEEDS (REFI)	CLOSING COSTS: \$ _____	CASH-OUT: \$ _____
DATE PURCHASED ____/____/____	PAY OFF MTG: \$ _____	PAY OFF TAXES: \$ _____	PURPOSE OF C/O: _____

RATE	TERM <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 YEAR	INTERBAY DISCOUNT POINTS %	BROKER POINTS %	YIELD SPREAD TO BROKER %
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**PLEASE CONSULT YOUR LOAN OFFICER ON PREPAYMENT PENALTIES THAT APPLY BASED ON TERM OF LOAN**

#### COMMENTS

The broker must disclose any ownership interest maintained in any service provider as well as any other conflict of interest in transaction.

InterBay is authorized to send any and all communications, rate sheets, product information and advertisements to the facsimile number provided above. **BROKER SIGNATURE** \_\_\_\_\_