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Welcome to the Future of Commercial Lending

SUBMISSION FORM

BROKER INFO

Broker Name: _____ Cell Phone: _____
Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Fax: _____ Email: _____
Date: _____

BORROWER INFO MID / LOW

Borrower: _____ Tel: _____ FICO: ____ / ____
Co Borrower: _____ Tel: _____ FICO: ____ / ____
BROKER FEES: _____

PROPERTY TYPE (CIRCLE ALL THAT APPLY)

Multifamily Mixed Use Warehouse Office Bldg Retail Center Bed & Breakfast
Day Care Restaurant Bar Dry Cleaner Industrial Strip Mall
Self Storage RV Park Nursery Car Wash Motel: Flagged or not Flagged
Gas Stations Self Storage Liquor Store Supermarket Hotel: Flagged or No Flagged
If OTHER
Describe: _____

SUBJECT PROPERTY

Address: _____ City: _____ State: _____ Zip: _____
Tot # Units _____ # of buildings: _____ Occupancy %: _____ Owner Occupancy% _____
Bldg Size: _____ Acreage: _____ DETAIL USES OF UNITS: _____

LOAN PURPOSE, OCCUPANCY & TYPE (CIRCLE & FILL OUT ALL THAT APPLY)

Purchase Refinance Rate & Term Cash-Out Owner Operated Investment
Full Doc Stated Income Verified Assets
Requested LTV%: _____ Requested CLTV%: _____ Source of Second: _____
Requested Rate: _____ Requested Term: _____ Purpose of Cash-Out _____
If Refinance, is there a Balloon Payment Due: _____, If so, Balloon Payment Due Date: _____
If Purchase, Purchase Contract closing Date: _____, If necessary, can extension be issued: _____
Property Value \$ _____
Purchase Price OR Existing Liens (1st & 2nd Mtg) \$ _____
Down Payment \$ _____
Cash Out or Addt'l Financing \$ _____
Total Loan Amount Requested \$ _____