

Send To: Your LCE Account Executive or Administrator@Lee-ChandlerEnterprises.com

LOAN REQUEST SUMMARY							
Loan Amount Requested:	Use	of Proceeds:	eeds: D		Debt Being Consolidated:		
BUSINESS INFORMATION							
Legal Corporate Name:			DBA (if applicable):				
Street Address (no P.O. boxes):			City:		State:	Zip:	
Company Phone #:		Company Fax #:		Fede	Federal Tax ID:		
		Length of Ownership:		Website:			
Type of Entity (check one):		State of Incorporation:		Email Address:			
Type of Business (please be specific):							
Rent or Own Office Space: Provide Landlord's or I						nthly Office Payment (Rent or rtgage):	
BUSINESS FINANCIAL INFORMATION							
		es Your Business Accept Credit C			Does Your Business Have MCAs? f So, How Much?		
Most Recent Year Gross Revenue: Avera		verage Monthly Bank Balance:			Average Monthly Credit Card Volume:		
BORROWER/OWNER INFORMATION # 1							
Borrower/Owner Name:		Annua	Annual Income:		Ownership %:		
Home Address:		City:			State:	Zip:	
SSN: Date of Bir			Best Phone #:			Email:	
BORROWER/OWNER INFORMATION # 2 (if applicable)							
Borrower/Owner Name:			Annual Income:			Ownership %:	
Home Address:		City:			State:	Zip:	
SSN: Date of		Birth:	Best Phone #:		Email:		
BUSINESS REFERENCES (Please list at least 2 business references)							
Business Name:			Contact Name and/or Account #:			Phone #:	
Business Name:		Conta	Contact Name and/or Account #:			Phone #:	
Business Name:			Contact Name and/or Account #:			Phone #:	
Applicant authorizes Lee-Chandler Enterprises LLC, its assigns, investors, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references and information given on any other statement or data obtained from applicant.							
Applicant's Signature			Date				
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