

Client Registration Form

Broker Information

Broker Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Work: _____ Mobile: _____

Email address: _____

Web Site: _____

Applicant (Principal Borrower)

Name: (first) _____ (middle) _____ (last) _____

Home Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ Years & Months at that address: _____

Phone Home: _____ Work: _____ Mobile: _____

Marital Status: Married Unmarried If Married, Spouse Name: _____

Email address: _____

Subject Property Information

Loan Purpose: Purchase Refinance

Loan Amount Requested: \$ _____ Current Value of Property: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Property: Office Retail Mixed Use Restaurant
 Gas / Conv. Medical Multi-Family Other _____

Square Feet of Building(s): _____

If owned, how long have you owned the property: Years & Month: _____

If Refinancing, what will the loan proceeds be used for? _____

If Purchasing:

Asking Price: \$ _____ Contract Price: \$ _____ Date of Closing: _____

If Refinancing:

Previous Sales Price: \$ _____ Estimated Current Value \$ _____

Date Purchased: _____

Existing Liens: _____

Return completed Broker Registration to: **Paul Joseph**

Email: paul@AustinPrivateFunding.com

Address: **1406 Camp Craft Road
Suite 200-D
Austin, Texas 78746**