



Please forward by fax the completed application, any attachments, or questions to 877-529-0184 or info@gmafactor.com

All Fields MUST be filled in 100%
Please include a Bio or Resume

GMA Factor
Toll Free: 888-958-5544
Fax 877-529-0184

Use an additional sheet for more than two guarantors

OWNERSHIP: Individual Trust LLC Limited Partnership Corporation

NAME OF PURCHASING COMPANY: _____

GUARANTOR(S):

Name

Name

Street Address

Street Address

City State Zip Code

City State Zip Code

Telephone Number Cell Number

Telephone Number Cell Number

PROPERTY:

Street Address

City State Zip Code

TYPE OF COLLATERAL:

Commercial Mixed Use Multi Family Hotel/Motel
Industrial Office Retail Restaurant
Other _____

Year Built _____ Site Square Footage _____ Rentable Square Footage _____

Number of Buildings _____ Number of Stories _____ Number of Units _____

Number of Parking Spaces _____

ZONING: Legal/Conforming Legal/Nonconforming Nonconforming Other _____

Note: Your tax bill or deed will reflect this.

Describe significant repairs or improvements made. * _____

REQUESTED LOAN AMOUNT: _____

Use of Funds (Describe how you intend to use the proceeds).

*If significant improvements are to be made, please attach a complete cost breakdown. (DRAW SCHEDULE)

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GUARANTOR(S):

Name

Name

Street Address

Street Address

City State Zip Code

City State Zip Code

Telephone Number **Date of Birth**

Telephone Number **Date of Birth**

I, the undersigned, hereby authorize GMA USA LLC to verify all information with regard to, but not limited to credit history, employment history, warehouse line of credit accounts, bank accounts, any accounts payable, investor relationships and all other information deemed necessary in connection with my application for approval. I authorize the release of loan balances, ratings or any other pertinent information requested by GMA USA LLC or any of its partners. I authorize GMA USA LLC to reproduce this authorization as needed to obtain complete information. A copy of this instrument bearing my signature carries the same authority as the original. I/we hold your company, officers and employees harmless for furnishing true and correct information.

Business Name and Tax ID

Business Name and Tax ID

Officer/Principal/Owner SSN#

Officer/Principal/Owner SSN#

Officer/Principal/Owner Signature

Officer/Principal/Owner Signature

Date

Date

I/we fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

PERSONAL FINANCIAL STATEMENT

Name _____ Business Phone _____
 Residence Address _____ Residence Phone _____
 City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS (Omit Cents)

Cash on hand & in Banks
 Savings Accounts
 IRA or Other Retirement Account
 Accounts & Notes Receivable
 Life Insurance-Cash Surrender Value Only
 (Complete Section 8)
 Stocks and Bonds
 (Describe in Section 3)
 Real Estate
 (Describe in Section 4)
 Automobile – Present Value
 Other Personal Property
 (Describe in Section 5)
 Other Assets
 (Describe in Section 5)

LIABILITIES (Omit Cents)

Accounts Payable
 Notes Payable to Banks and Others
 (Describe in Section 2)
 Installment Account (Auto)
 Mo. Payments
 Installment Account (Other)
 Mo. Payments
 Loan on Life Insurance
 Mortgages on Real Estate
 (Describe in Section 4)
 Unpaid Taxes
 (Describe in Section 6)
 Other Liabilities
 (Describe in Section 7)
 Total Liabilities
 Net Worth

Total

Section 1. Source of Income

Salary
 Net Investment Income
 Real Estate Income
 Other Income (Describe below)*
 Description of Other Income in Section 1.

Total

Contingent Liabilities

As Endorser or Co-Maker
 Legal Claims & Judgment
 Provision for Federal Income Tax
 Other Special Debt

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.
Section 2. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
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Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

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Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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Section 7. Other Liabilities. (Describe in detail.)

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Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)

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I authorize AFS to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan

Signature: _____	Date: _____	Social Security Number: _____
Signature: _____	Date: _____	Social Security Number: _____

Rehab WorkSheet

Purchase Price \$ _____

Closing Costs \$ _____

Repairs (Attach Detailed Breakdown) \$ _____

Total \$ _____

Cash Personally Intent to Put in Deal \$ _____

Estimated After Repair Value \$ _____

LTV _____

Property Address _____

Property Description _____

Addresses of Last 3 Properties Renovated _____

ENVIRONMENTAL QUESTIONNAIRE/SITE INSPECTION

Description of Site: _____

Address: _____

The following questions, calling for simple “objective observations,” comprise the ASTM inspection checklist and owner/operator environmental questionnaire for transaction screening: (Please circle the appropriate answer):

	Owner	Occupants (if applicable)	Observed During Site Visit
1. Is the Property or any adjoining property used for an industrial use?	Yes No Unknown	Yes No Unknown	Yes No Unknown
2. To the best of your knowledge, has the Property or any adjoining property been used for an industrial use in the past?	Yes No Unknown	Yes No Unknown	Yes No Unknown
3. Is the Property or any adjoining property used as a gasoline station, motor repair facility, commercial printing facility, dry cleaners, photo-developing laboratory, junkyard or landfill, or as a waste treatment storage, disposal, processing or recycling facility?	Yes No Unknown	Yes No Unknown	Yes No Unknown
4. To the best of your knowledge, has the Property or any adjoining property been used as a gasoline station, motor repair facility, commercial printing facility, dry cleaners, photo-developing laboratory, junkyard or landfill, or as a waste treatment, storage, disposal, processing or recycling facility?	Yes No Unknown	Yes No Unknown	Yes No Unknown
5. Are there currently, or to the best of your knowledge, any automotive or industrial batteries or pesticides, paints or other chemicals in individual containers or greater than five gallons in volume or fifty gallons in the aggregate, stored on or used at the Property or at the facility?	Yes No Unknown	Yes No Unknown	Yes No Unknown
6. Are there currently, or to the best of your knowledge, have there been previously, any industrial Drums (typically 55 gallon) or sacks of chemicals located on the property or at the facility?	Yes No Unknown	Yes No Unknown	Yes No Unknown
7. Has fill dirt been brought onto the Property which originated from a contaminated site or which is of an unknown origin?	Yes No Unknown	Yes No Unknown	Yes No Unknown

8. Are there currently, or to the best of your knowledge, has there been previously, any pits, ponds or lagoons located on the Property in connection with waste treatment or waste disposal?	Yes No Unknown	Yes No Unknown	Yes No Unknown
9. Is there currently, or to the best of your knowledge, has there been previously, any stained soil on the Property?	Yes No Unknown	Yes No Unknown	Yes No Unknown
10. Are there currently, or to the best of your knowledge have there been previously, any registered or unregistered storage tanks (above or underground) located on the Property?	Yes No Unknown	Yes No Unknown	Yes No Unknown
11. Are there currently, or to the best of your knowledge have there been previously, any vent pipes, fill pipes or access ways indicating a fill pipe protruding from the ground on the Property or adjacent to any structure located on the property?	Yes No Unknown	Yes No Unknown	Yes No Unknown
12. Are there currently, or to the best of your knowledge have there been previously, any flooring, drains, or walls located within the facility that are stained by substances other than water or are emitting foul odors?	Yes No Unknown	Yes No Unknown	Yes No Unknown
13. If the Property is served by a private well or non-public water system, have contaminants been identified in the well or system that exceed guidelines applicable to the water system or has the well been designated as contaminated by a governmental/health agency?	Yes No Unknown	Yes No Unknown	Yes No Unknown
14. Does the owner or occupant of the Property have any knowledge of environmental liens or governmental notification relating to past or current violations of environmental laws with respect to the Property or any facility on the Property?	Yes No Unknown	Yes No Unknown	Yes No Unknown
15. Has the owner or occupant of the Property been informed of the past or current existence of hazardous substances or petroleum products or environmental violations with respect to the Property or any facility located on the Property?	Yes No Unknown	Yes No Unknown	Yes No Unknown
16. Does the owner or occupant of the Property have any knowledge of any environmental site assessment of the Property or facility that indicated the presence of hazardous substances or petroleum products on, or contamination of, the Property or recommend further assessment of the Property?	Yes No Unknown	Yes No Unknown	Yes No Unknown
17. Does the owner or occupant of the Property know of any past, threatened or pending lawsuits or administrative proceedings concerning a release or threatened release of any hazardous substance or petroleum products involving the Property by any owner or of the Property?	Yes No Unknown	Yes No Unknown	Yes No Unknown
18. To the best of your knowledge, have any hazardous substances or petroleum products, unidentified waste materials, tires, automotive or industrial batteries or any other waste	Yes No Unknown	Yes No Unknown	Yes No Unknown

materials been dumped above grade, buried and/or burned on the Property?			
19. Is there a transformer, capacitor or any hydraulic equipment for which there are any records indicating the presence of PCB's?	Yes No Unknown	Yes No Unknown	Yes No Unknown
20. Do any of the following federal government record systems list the property or any property within the circumference of the area noted below? National Priorities List –Within 1.0 mile/1.6 Km? www.epa.gov/superfund/sites/npl/npl.htm CERCLIS List – Within .5 mile/.8 Km? www.epa.gov/superfund/sites/ RCRA TSD Facilities – Within 1.0 mile/1.6 Km? www.epa.gov/region02/rcra/ei.htm	Yes No Unknown Yes No Unknown Yes No Unknown	Yes No Unknown Yes No Unknown Yes No Unknown	Yes No Unknown Yes No Unknown Yes No Unknown
21. Do any of the following state record systems list the Property or any property within the circumference of the area noted above?: List maintained by state environmental agency of hazardous waste sites identified for investigation or remediation that is the state agency equivalent to NPL- within approximately 1.0 mile/1.6 Km? List maintained by state environmental agency of sites identified for investigation or remediation that is the state equivalent to CERCLIS – within .5 mile/.8Km? Leaking Underground Storage Tank (LUST) List- within .5 mile/.8Km? datamine2.state.nj.us/dep/DEP_OPRA/ Solid waste/Landfill facilities – within .5 mile/.8 Km?	Yes No Unknown Yes No Unknown Yes No Unknown Yes No Unknown	Yes No Unknown Yes No Unknown Yes No Unknown Yes No Unknown	Yes No Unknown Yes No Unknown Yes No Unknown Yes No Unknown

The preparer of the Environmental Questionnaire/Transaction Screening must complete and sign the following statement. (For definition of “Preparer” and “User” see Section 5.3 of this Standard Practice or Section 3.3.25).

THIS QUESTIONNAIRE WAS COMPLETED BY:

Name: _____

Title: _____

Firm: _____

Address: _____

Telephone #: _____

Date: _____

If the preparer is different than the user, please complete the following:

Name of User: _____

Address of User: _____

Telephone of User: _____

Preparer's Relationship to Site: _____

Preparer's Relationship to User (e.g., principal, employee, agent, consultant):

Copies of the completed questionnaire have been filed at:

Copies of the completed questionnaire have been mailed/delivered to:

PREPARER REPRESENTS THAT TO THE BEST OF THE PREPARER'S KNOWLEDGE THE ABOVE STATEMENTS AND FACTS ARE TRUE AND CORRECT AND TO THE BEST OF THE PREPARER'S KNOWLEDGE, NO MATERIAL FACTS HAVE BEEN SUPRESSED OR MISSTATED.

Signature

Date

Signature

Date