

~~~ BUSINESS NOTE QUOTATION REQUEST FORM ~~~

Please **PRINT** this form, answer all the questions using **BLACK INK** then fax it to us at **1-858-764-2731** to receive a CASH PURCHASE QUOTATION for your Business Contract/Note.

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PERSONAL INFORMATION:</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name:                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| E-mail Address:                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Today's Date:                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Your Mailing <u>Street</u> Address:                       |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Your Mailing <u>City</u> , <u>State</u> and <u>Zip</u> :  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Voice Phone:                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Fax:                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Note Relationship:                                        | <input type="checkbox"/> --OWNER <input type="checkbox"/> --BROKER <input type="checkbox"/> --AGENT <input type="checkbox"/> --POWER OF ATTORNEY <input type="checkbox"/> --OTHER, described in Comments below                                                                                                                                                                                                                          |
| <b>BUSINESS INFORMATION:</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Note Property <u>Street</u> Address:                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Note Property <u>City</u> , <u>State</u> and <u>Zip</u> : |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Note Property Location:                                   | <input type="checkbox"/> --URBAN <input type="checkbox"/> --SUBURBAN <input type="checkbox"/> --RURAL <input type="checkbox"/> --COMMERCIAL<br><input type="checkbox"/> --INDUSTRIAL <input type="checkbox"/> --MIXED USE <input type="checkbox"/> --AGRICULTURAL                                                                                                                                                                       |
| Business Name Now:                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Business Name Before Note:                                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Business Age in Years:                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Business Type:                                            | <input type="checkbox"/> --Wholesale <input type="checkbox"/> --Retail <input type="checkbox"/> --Distributor <input type="checkbox"/> --Manufacturing<br><input type="checkbox"/> --Service <input type="checkbox"/> --Restaurant <input type="checkbox"/> --Agency <input type="checkbox"/> --Professional Practice <input type="checkbox"/> --Consultancy <input type="checkbox"/> --Developer <input type="checkbox"/> --Contractor |
| Business Description:                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Business Sale Transaction, Note Creation and Closing by:  | <input type="checkbox"/> --Buyer and Seller <input type="checkbox"/> --Legal Professionals <input type="checkbox"/> --Buyer, Seller and Legal Professionals                                                                                                                                                                                                                                                                             |
| Business Franchise:                                       | <input type="checkbox"/> --Yes and have Franchisor approval for Buyer <input type="checkbox"/> --Yes, and don't have Franchisor approval for Buyer <input type="checkbox"/> --No                                                                                                                                                                                                                                                        |
| Business Sale Assets—<br>EQUIPMENT VALUE:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Business Sale Assets—<br>INVENTORY VALUE:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                      |                                                                                                                                                                                                                                                                                                                                      |
| Business Sale Assets—<br>INTELLECTUAL PROPERTY<br>VALUE:             |                                                                                                                                                                                                                                                                                                                                      |
| Business Sale Assets—REAL<br>ESTATE VALUE:                           |                                                                                                                                                                                                                                                                                                                                      |
| Business Sale Assets—<br>GOODWILL VALUE:                             |                                                                                                                                                                                                                                                                                                                                      |
| Business Real Estate:                                                | <input type="checkbox"/> --Owned including Land <input type="checkbox"/> --Leased with term expiring after<br>Note Term <input type="checkbox"/> --Leased with term expiring before Note Term<br><input type="checkbox"/> --Rented Month to Month <input type="checkbox"/> --Multiple locations with varying<br>occupation ownership |
| Business Location:                                                   | <input type="checkbox"/> --Office Bldg <input type="checkbox"/> --Industrial Bldg <input type="checkbox"/> --Commercial Bldg<br><input type="checkbox"/> --Restaurant Bldg <input type="checkbox"/> --Mixed Use                                                                                                                      |
| Business Sale Transaction<br>Amount:                                 |                                                                                                                                                                                                                                                                                                                                      |
| Business Sale Transaction<br>Date:                                   |                                                                                                                                                                                                                                                                                                                                      |
| Business Sale Cash Down<br>Payment:                                  |                                                                                                                                                                                                                                                                                                                                      |
| 1 <sup>st</sup> Lien/Note <u>Original</u> Principal<br>Amount:       |                                                                                                                                                                                                                                                                                                                                      |
| 2 <sup>nd</sup> Lien/Note <u>Original</u> Principal<br>Amount:       |                                                                                                                                                                                                                                                                                                                                      |
| 3 <sup>rd</sup> Lien/Note <u>Original</u> Principal<br>Amount:       |                                                                                                                                                                                                                                                                                                                                      |
| <u>Total</u> of all Liens/Notes <u>Original</u><br>Principal Amount: |                                                                                                                                                                                                                                                                                                                                      |
| <b><u>NOTE INFORMATION:</u></b>                                      |                                                                                                                                                                                                                                                                                                                                      |
| Note Type:                                                           | <input type="checkbox"/> --BUSINESS PROMISSORY NOTE <input type="checkbox"/> --BUSINESS<br>CONTRACT                                                                                                                                                                                                                                  |
| Note Position:                                                       | <input type="checkbox"/> --1 <sup>st</sup> POSITION <input type="checkbox"/> --2 <sup>nd</sup> POSITION <input type="checkbox"/> -- 3 <sup>rd</sup> POSITION<br><input type="checkbox"/> --OTHER, described in Comments below                                                                                                        |
| Note Creation:                                                       | <input type="checkbox"/> --Sale of Business <input type="checkbox"/> --Sale of Part of Business <input type="checkbox"/> --Re-<br>Finance of Business <input type="checkbox"/> --Dvlp Financing <input type="checkbox"/> --Re-Capitalization<br>of Business <input type="checkbox"/> --Other, described in Comments below            |
| Date of Note Creation:                                               |                                                                                                                                                                                                                                                                                                                                      |
| Note <u>Current</u> Principal Balance:                               |                                                                                                                                                                                                                                                                                                                                      |
| Note Interest Rate:                                                  |                                                                                                                                                                                                                                                                                                                                      |
| Note Terms:                                                          | <input type="checkbox"/> --FULLY AMORTIZED <input type="checkbox"/> --INTEREST ONLY WITH<br>BALLOON <input type="checkbox"/> --SET \$ PAYMENTS WITH A BALLOON<br><input type="checkbox"/> --OTHER, described in Comments below                                                                                                       |

|                                                                                                          |                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Note Payment Amount. If Variable or Un-Equal, describe here:                                             |                                                                                                                                                                                                                                                                               |
| Note Payment Period:                                                                                     | <input type="checkbox"/> --Monthly <input type="checkbox"/> --OTHER than Monthly, as described in Comments below                                                                                                                                                              |
| Note Term in Months:                                                                                     |                                                                                                                                                                                                                                                                               |
| 1 <sup>st</sup> Payment Due Date Was:                                                                    |                                                                                                                                                                                                                                                                               |
| Next Payment Due Date Is:                                                                                |                                                                                                                                                                                                                                                                               |
| Number of Payments Made:                                                                                 |                                                                                                                                                                                                                                                                               |
| Number of Payments Remain:                                                                               |                                                                                                                                                                                                                                                                               |
| Number of Payments Late:                                                                                 |                                                                                                                                                                                                                                                                               |
| Balloon Amount:                                                                                          |                                                                                                                                                                                                                                                                               |
| Balloon Date(s):                                                                                         |                                                                                                                                                                                                                                                                               |
| Note Payor Personal Guarantee:                                                                           | <input type="checkbox"/> --YES, with collateralized assets <input type="checkbox"/> --YES, without collateralized assets <input type="checkbox"/> --NO                                                                                                                        |
| Note Payor Personal Guarantee Collateralized Assets Description and Value (Assets outside the business): |                                                                                                                                                                                                                                                                               |
| Description of Note Security:                                                                            | <input type="checkbox"/> --All assets described in the business bill of sale, settlement statement or asset sale agreement <input type="checkbox"/> --All stock or equity in corporation, LLC or Partnership <input type="checkbox"/> --Other, as described in Comments below |
| Note Payor Occupies the Property and Operates the Business:                                              | <input type="checkbox"/> --YES <input type="checkbox"/> --NO                                                                                                                                                                                                                  |
| Note Payor Credit Scores (Enter all Three Scores):                                                       | EXPERIAN                      TRANSUNION                      EQUIFAX                                                                                                                                                                                                         |
| Note Payor is a:                                                                                         | <input type="checkbox"/> --INDIVIDUAL(S) <input type="checkbox"/> --CORPORATION <input type="checkbox"/> --LLC<br><input type="checkbox"/> --PARTNERSHIP <input type="checkbox"/> --OTHER, described in Comments Below                                                        |
| Note Sale Desire:                                                                                        | <input type="checkbox"/> --Want to Sell All for Cash <input type="checkbox"/> --Want to Sell Part for Cash<br><input type="checkbox"/> --OTHER, described in Comments Below                                                                                                   |
| Comments about Note, Property, Payor or Any above Answers needing/stating explanation:                   |                                                                                                                                                                                                                                                                               |

|                                                         |                                                                                                                               |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|                                                         |                                                                                                                               |
| How did you find us?                                    | <input type="checkbox"/> Google <input type="checkbox"/> Yahoo <input type="checkbox"/> MSN <input type="checkbox"/> A Friend |
| If from an Internet Search, which Keywords did you use? |                                                                                                                               |

Copyright 2005, 2006. Note Funding Center. All Rights Reserved.