

**NOTE FUNDING CENTER** [www.notefundingcenter.com](http://www.notefundingcenter.com) 1-877-791-9980

~~~ REAL ESTATE MORTGAGE/NOTE QUOTATION REQUEST FORM ~~~

Please **PRINT** this Form, answer all the questions using **BLACK INK**, then fax this form to **1-858-764-2731** to receive a CASH PURCHASE QUOTATION.

|                                                              |                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PERSONAL INFORMATION:</b>                                 |                                                                                                                                                                                                                                                                                                                                                      |
| Name:                                                        |                                                                                                                                                                                                                                                                                                                                                      |
| E-mail Address:                                              |                                                                                                                                                                                                                                                                                                                                                      |
| Today's Date:                                                |                                                                                                                                                                                                                                                                                                                                                      |
| Your Mailing <u>Street</u> Address:                          |                                                                                                                                                                                                                                                                                                                                                      |
| Your Mailing <u>City, 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                                                                                                                                                                    |
| <b>PROPERTY INFORMATION:</b>                                 |                                                                                                                                                                                                                                                                                                                                                      |
| Note Property <u>Street</u> Address:                         |                                                                                                                                                                                                                                                                                                                                                      |
| Note Property <u>City, State</u> and <u>Zip</u> :            |                                                                                                                                                                                                                                                                                                                                                      |
| Type of Property:                                            | <input type="checkbox"/> --SINGLE FAMILY <input type="checkbox"/> --CONDO <input type="checkbox"/> --TOWNHOUSE <input type="checkbox"/> --2-6 MULTI-FAMILY <input type="checkbox"/> --OFFICE BLDG <input type="checkbox"/> --COMMERCIAL <input type="checkbox"/> --INDUSTRIAL <input type="checkbox"/> --RESTAURANT <input type="checkbox"/> --OTHER |
| Property Condition:                                          | <input type="checkbox"/> --EXCELLENT <input type="checkbox"/> --GOOD <input type="checkbox"/> --NEEDS WORK <input type="checkbox"/> --NEEDS REMODEL <input type="checkbox"/> --UNDER DVLPMT                                                                                                                                                          |
| Land included in all Liens:                                  | <input type="checkbox"/> --YES <input type="checkbox"/> --NO                                                                                                                                                                                                                                                                                         |
| If No, the Land is:                                          | <input type="checkbox"/> --LEASED <input type="checkbox"/> --LEASE TO OWN <input type="checkbox"/> --RENTED <input type="checkbox"/> --USE PERMIT                                                                                                                                                                                                    |
| If a Residence, the Layout (Bd., Bth., Sq.Ft., Lot Size):    |                                                                                                                                                                                                                                                                                                                                                      |
| If Not a Residence, the Buildings, Size(s) and Improvements: |                                                                                                                                                                                                                                                                                                                                                      |
| Property Age in Years:                                       |                                                                                                                                                                                                                                                                                                                                                      |
| Property Location:                                           | <input type="checkbox"/> --URBAN <input type="checkbox"/> --SUBURBAN <input type="checkbox"/> --RURAL <input type="checkbox"/> --COMMERCIAL <input type="checkbox"/> --INDUSTRIAL <input type="checkbox"/> --MIXED USE <input type="checkbox"/> --AGRICULTURAL                                                                                       |
| Last Property Sale Price:                                    |                                                                                                                                                                                                                                                                                                                                                      |
| Last Property Sale Date:                                     |                                                                                                                                                                                                                                                                                                                                                      |

|                                                                                  |                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cash Down Payment:                                                               |                                                                                                                                                                                                                         |
| Certified Appraisal Amount:                                                      |                                                                                                                                                                                                                         |
| Certified Appraisal Date:                                                        |                                                                                                                                                                                                                         |
| 1st Mortgage/Lien/Note<br><u>Original</u> Principal Amount:                      |                                                                                                                                                                                                                         |
| 2nd Mortgage/Lien/Note<br><u>Original</u> Principal Amount.                      |                                                                                                                                                                                                                         |
| 3rd Mortgage/Lien/Note<br><u>Original</u> Principal Amount.                      |                                                                                                                                                                                                                         |
| <u>Total</u> of all<br>Mortgage/Liens/Notes <u>Original</u><br>Principal Amount: |                                                                                                                                                                                                                         |
| Title Insurance:                                                                 | <input type="checkbox"/> -- YES <input type="checkbox"/> -- NO                                                                                                                                                          |
| Note Payor Occupies the<br>Property:                                             | <input type="checkbox"/> -- YES <input type="checkbox"/> -- NO                                                                                                                                                          |
| <b><u>NOTE INFORMATION:</u></b>                                                  |                                                                                                                                                                                                                         |
| 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                         |
| Creation of Note:                                                                | <input type="checkbox"/> --SALE OF PROPERTY <input type="checkbox"/> --RE-FINANCE OF PROPERTY<br><input type="checkbox"/> --DVLP FINANCING <input type="checkbox"/> --EQUITY FINANCING <input type="checkbox"/> --OTHER |
| Date of Note Creation:                                                           |                                                                                                                                                                                                                         |
| <u>Current</u> Principal Balance of<br>Note:                                     |                                                                                                                                                                                                                         |
| Note Interest Rate:                                                              |                                                                                                                                                                                                                         |
| Note Terms:                                                                      | <input type="checkbox"/> --FULLY AMORTIZED <input type="checkbox"/> --INTEREST ONLY WITH BALLOON<br><input type="checkbox"/> --SET \$ PAYMENTS WITH A BALLOON <input type="checkbox"/> --OTHER                          |
| Note Payment Period:                                                             | <input type="checkbox"/> --MONTHLY <input type="checkbox"/> --QUARTERLY <input type="checkbox"/> --SEMI-ANNUAL<br><input type="checkbox"/> --ANNUAL                                                                     |
| Note Payment Amount. If<br>Variable or UnEqual, describe<br>in Comments Below:   |                                                                                                                                                                                                                         |
| Note Term in Months:                                                             |                                                                                                                                                                                                                         |
| 1st Payment Due Date Was:                                                        |                                                                                                                                                                                                                         |
| Next Payment Due Date:                                                           |                                                                                                                                                                                                                         |
| # of Payments Made:                                                              |                                                                                                                                                                                                                         |
| # of Payments Remain:                                                            |                                                                                                                                                                                                                         |
| # of Payments Late:                                                              |                                                                                                                                                                                                                         |
| Balloon Amount:                                                                  |                                                                                                                                                                                                                         |
| Balloon Date:                                                                    |                                                                                                                                                                                                                         |

|                                                                                   |                                                                                                                                                                                                                                                          |            |         |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| Note Payor Credit Scores<br>(Enter all Three Scores):                             | EXPERIAN                                                                                                                                                                                                                                                 | TRANSUNION | EQUIFAX |
| Note Security:                                                                    | <input type="checkbox"/> --DEED OF TRUST <input type="checkbox"/> --MORTGAGE DEED <input type="checkbox"/> --OTHER DEED<br><input type="checkbox"/> --PERSONAL GUARANTEE <input type="checkbox"/> --CONTRACT OF SALE<br><input type="checkbox"/> --OTHER |            |         |
| 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,<br>Property, Payor or Any 'Other'<br>above Question Answers: |                                                                                                                                                                                                                                                          |            |         |
| 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,<br>which Keywords did you use?                        |                                                                                                                                                                                                                                                          |            |         |

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