



**Collateral Details:**

Collateral #:	Type:	Street Address:			City:
State:	Zip:	County:	Lien Position:	Value: \$	Valuation Date:
Valuation Source:		File UCC? <input type="checkbox"/> Yes <input type="checkbox"/> No		Serial Number:	Comments:
RE Type:	Owner:	# Units:	# Buildings:	Flood Cert ID:	Determination Date:
Flood Ins Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Parcels:	Parcel ID:		Property Taxes Paid Through:	Escrow: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach escrow form if "Yes")
Hazard Insurance Amt: \$		Insurance Agent information:			

Collateral #:	Type:	Street Address:			City:
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Flood Ins Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Parcels:	Parcel ID:		Property Taxes Paid Through:	Escrow: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach escrow form if "Yes")
Hazard Insurance Amt: \$		Insurance Agent information:			

**Attach additional collateral information via Addendum**

Comments:

**Borrowers:**

**(If the Borrower/Guarantor is in WI, please provide the spouses name, address, birthdate and social security # in the comments section. It only needs to be provided if the Spouse will not be a Borrower/Guarantor on the loan)**

Borrower 1:					
Borrower Type: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> DBA <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust					
TIN or EIN:		Contact Name:		Contact Phone:	
Street Address:	Mailing Address:	Phone:	Total # of Authorized Signers: (add attachment if more lines are needed)	# of Signatures Required on docs:	
Authorized Signer Name:		Title:		<input type="checkbox"/> Signing documents?	
Authorized Signer Name:		Title:		<input type="checkbox"/> Signing documents?	
Authorized Signer Name:		Title:		<input type="checkbox"/> Signing documents?	

Borrower 2:					
Borrower Type: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> DBA <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust					
TIN or EIN:		Contact Name:		Contact Phone:	

Street Address:		Mailing Address:		Phone:	Total # of Authorized Signers: (add attachment if more lines are needed)	# of Signatures Required on docs:
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?

Comments:

**Guarantors:**

**(If the Borrower/Guarantor is in WI, please provide the spouses name, address, birthdate and social security # in the comments section. It only needs to be provided if the Spouse will not be a Borrower/Guarantor on the loan)**

Guarantor 1:						
Guarantor Type: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> DBA <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust						
TIN:		Contact Name:			Contact Phone:	
Street Address:		Mailing Address:		Phone:	Total # of Authorized Signers: (add attachment if more lines are needed)	# of Signatures Required on docs:
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?

Guarantor 2:						
Guarantor Type: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> DBA <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust						
TIN:		Contact Name:			Contact Phone:	
Street Address:		Mailing Address:		Phone:	Total # of Authorized Signers: (add attachment if more lines are needed)	# of Signatures Required on docs:
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?

Guarantor 3:						
Guarantor Type: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> DBA <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust						
TIN:		Contact Name:			Contact Phone:	
Street Address:		Mailing Address:		Phone:	Total # of Authorized Signers: (add attachment if more lines are needed)	# of Signatures Required on docs:
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?

Guarantor 4:						
Guarantor Type: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> DBA <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust						
TIN:		Contact Name:			Contact Phone:	
Street Address:		Mailing Address:		Phone:	Total # of Authorized Signers: (add attachment if more lines are needed)	# of Signatures Required on docs:
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?
Authorized Signer Name:				Title:		<input type="checkbox"/> Signing documents?

Comments:

**Financial Reporting Requirements:**

Borr(s) #:	Type:	Frequency:	Due (# days after stmt date):
Borr(s) #:	Type:	Frequency:	Due (# days after stmt date):
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Guar(s) #:	Type:	Frequency:	Due (# days after stmt date):
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Guar(s) #:	Type:	Frequency:	Due (# days after stmt date):

Attachments:

ACH

Escrow Form

Comments:

**Questions:**

1. **Where is the loan closing?:**  At Credit Union  At Title Company  At Attorney's Office

Servion CLR, Inc    At Other:

2. **Name of Closing Agent?:** At Credit Union: \_\_\_\_\_ At Title Company: \_\_\_\_\_ At Attorney: \_\_\_\_\_

At Servion CLR, Inc.: \_\_\_\_\_ At Other: \_\_\_\_\_

3. **Who is responsible for recording of applicable closing documents?:**

Credit Union  Title Company  Attorney's Office  Servion CLR, Inc    Other:

Exceptions (i.e. Secretary of State UCC Filing?):

<b>Internal Use Only</b>	<input type="checkbox"/> Reviewed w/ changes	<input type="checkbox"/> Reviewed w/ NO changes
Questions:		
Reviewed by _____ Date _____		