

PSG CAPITAL PARTNERS INC. Date _____
SUBMISSION FORM

Borrower: _____

Co-Borrower: _____

Property Address: _____

Property Type:

Broker: _____

Broker Address: _____

Contact: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____

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LOAN DETAILS:

Purchase or Refinance

Appraised Value: \$ _____ Purchase Price: \$ _____

LTV: _____ % CLTV: _____ % DTI: _____ %

1st T.D Loan Amount: \$ _____ O/O N/O R/T C/O

2nd TD Loan Amount: \$ _____ (Please check one)

Term, Rate, PP, Points Quoted: _____

Broker Points / Fees: _____

Funding Deadline/Reason: _____

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THE FOLLOWING DOCUMENTS ARE ATTACHED FOR UNDERWRITING:

- 1008
- 1003(s)
- Credit
- Purpose Letter

Notes:

Fax or e-mail package to:
PSG CAPITAL PARTNERS INC.
(Mailing address only)
31878 Del Obispo Street, Suite 118-338,
San Juan Capistrano, CA 92675
Phone: (949) 290.6976 Fax: (949) 269.0403 Email: info@psgfund.com