

# DFW Investor Lending, LLC

Contact our office for payment of \$100 Application Fee at 972-398-8400  
Email Application and Loan Worksheet to frankfri@tx.rr.com

## Borrower Application

*THE APPLICATION FEE MUST BE PAID AND SIGNED AUTHORIZATION TO RELEASE INFORMATION FORM MUST BE RECEIVED BEFORE APPROVAL PROCESS WILL START*

The information contained in this application and any provided exhibits will be considered confidential and will not be released by DFW IL, LLC to any third party unless requested.

### COMPLETION OF THIS PRE-QUALIFICATION FORM IS NOT A GUARANTEE OF CREDIT

How did you learn about our company? \_\_\_\_\_

Legal Name of Company or Individual \_\_\_\_\_

Name of Borrower \_\_\_\_\_ SS # \_\_\_\_\_  
TDL# \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Co-Borrower \_\_\_\_\_ SS# \_\_\_\_\_  
TDL# \_\_\_\_\_ Birthdate \_\_\_\_\_

Address (No P.O. Boxes) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status (Check One) Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Name of individual who will be the Operations Contact \_\_\_\_\_

Operations address (if different from above) \_\_\_\_\_  
Operations City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Operations Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business (pick one):  
Sole Proprietorship: \_\_\_\_\_ SS # \_\_\_\_\_ Registered DBA Name \_\_\_\_\_  
Corp/LLC/LP: \_\_\_\_\_ Fed Tax ID \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Have any of the Principals or Corporation ever filed:

Bankruptcy	Yes ___	No ___	If yes - Date _____	Date of Release _____
Foreclosure	Yes ___	No ___	If yes - Date _____	Date of Release _____
Judgements	Yes ___	No ___	If yes - Date _____	Date of Release _____

Signature \_\_\_\_\_ Date \_\_\_\_\_