



Client Profile – Private Funding

Tel: 609-752-5175 Fax: 908-345-6172 Email:

Bob@alexanderfs.com

Legal Business Name: _____

Address: _____

Employer ID Number: _____

Amount of Funds Needed: _____

Assets: _____

Real Estate Owned: YES or NO

If No, Amount of Mortgage 1st \$_____ 2nd \$_____

If owned, Appraised Value \$_____

Please briefly explain what the funds will be used for. Please include plans to pay funds back.

Please include any other relevant data you may have, including any presentations or financial packs.

Thank You