



GOLF COURSE PURCHASE & REFINANCE QUESTIONNAIRE

APPLICANT'S INFORMATION				LOAN REQUEST INFORMATION			
Applicant's Name:				Amount Requested:			
Address:				Term:		Amortization:	
Phone :		Fax:		Interest Rate:		Cash Down:	
Email:				Current Value of Property:			
Contact Name:				Use of Funds:			
Type of Ownership/Company:							
Is this the sole asset of the borrowing entity? If no, what other assets are there?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for Financing:			
Net Worth:		Liquidity:					
# of Golf Courses currently own:							
PROPERTY INFORMATION							
Property Name and Address:							
Number of Holes:						# of Months Owned:	
Designed By:						Year Established:	
Original Purchase Price:						Cash Invested Since Purchase:	
Current Balance of Existing Debt:						Balance of 2nd & 3rd Mortgages:	
Current Lender						Number of Parking Spaces:	
Current Interest Rate:						Current Payment:	
Current Loan Maturity Date:						Current Amortization:	
Professionally Managed?				By Whom:			
EQUIPMENT							
Manufacturer:				Equipment Description :			
Total Equipment Cost:							
<input type="checkbox"/> \$1.00		<input type="checkbox"/> Fair Market Value		<input type="checkbox"/> 10% P.U.T.			
<input type="checkbox"/> 24 Months		<input type="checkbox"/> 36 Months		<input type="checkbox"/> 48 Months		<input type="checkbox"/> 60 Months	
						<input type="checkbox"/> 72 Months	
						<input type="checkbox"/> 84 Months	
REVENUE SOURCES							
REVENUE SOURCES	Revenue Source	# of Members / Weekday Rate	Initiation Fee / Weekend Rate	Annual Dues / Annual Rounds			
	Private						
	Semi-Private						
Resort/ Public							
TO SUBMIT YOUR REQUEST				FOR A PRELIMINARY REVIEW, PLEASE SEND THE FOLLOWING ITEMS			
<p>Please type the answers to the requested information and submit this Questionnaire via email at: andrew@westcapitalfunding.com</p> <p>Please also forward the requested documents on the checklist provided via email to: andrew@westcapitalfunding.com</p> <p>Name of Person Submitting Request: <input style="width: 100%;" type="text"/></p> <p>Phone # of Person Submitting Request: <input style="width: 100%;" type="text"/></p> <p>Email of Person Submitting Request: <input style="width: 100%;" type="text"/></p>				<input type="checkbox"/> Brief Property Description			
				<input type="checkbox"/> Property Location Maps and Site Maps			
				<input type="checkbox"/> Color Photographs, in and around the Property			
				<input type="checkbox"/> Historical Membership Reports and Rate Reports for the same period as below			
				<input type="checkbox"/> Three most recent and YTD certified annual operating statements			
				<input type="checkbox"/> Resume of Owner(s)/ Applicant(s) and Management			
				<input type="checkbox"/> Recent Financial Statement of Owner(s), General Partner(s), Applicant(s)			
				<input type="checkbox"/> Purchase Agreement (if applicable)			