



*Success through Partnership*

**FAX**

To: Fremont Bank

From: \_\_\_\_\_

Fax: 510-670-2441

Fax: \_\_\_\_\_

Attention: Commercial Loan Department

Phone: \_\_\_\_\_

Number of pages – including Rent Roll and Annual Expenses: \_\_\_\_\_

**PRE-QUALIFICATION FORM**

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Requested Loan Amount: \_\_\_\_\_

Existing Mortgage Balance: \_\_\_\_\_ Existing Monthly Payment: \_\_\_\_\_

Comments:

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\_\_\_\_\_  
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