

COLLATERAL REPORTS REQUEST FORM*

*All fields are required

I. GENERAL BUSINESS & CONTACT INFORMATION

Business Name: _____

Contact Name: _____

Contact Phone Number: _____

When is the best time and what is the best method of contact? _____

II. COLLATERAL REPRESENTATIONS

A. REAL ESTATE (Please Attach: Mortgage Statement, Tax Bill, Deed)

Property 1 ☐ Residential ☐ Commercial ☐ Land

Est Value: \$ _____ Debt: \$ _____ Purchase Price: \$ _____ Purchase Year: _____

Address: _____
 Street Address City State Zip Code

Please attach: ☐ Mortgage Statement ☐ Tax Bill ☐ Deed

Property 2 ☐ Residential ☐ Commercial ☐ Land

Est Value: \$ _____ Debt: \$ _____ Purchase Price: \$ _____ Purchase Year: _____

Address: _____
 Street Address City State Zip Code

Please attach: ☐ Mortgage Statement ☐ Tax Bill ☐ Deed

Property 3: ☐ Residential ☐ Commercial ☐ Land

Est Value: \$ _____ Debt: \$ _____ Purchase Price: \$ _____ Purchase Year: _____

Address: _____
 Street Address City State Zip Code

Please attach: ☐ Mortgage Statement ☐ Tax Bill ☐ Deed

B. EQUIPMENT - must be 1st position UCC on the business

- 1)
- 2)
- 3)

C. VEHICLES - must be owned free & clear, specify make/model/year, Attach Title

- 1)
- 2)
- 3)

THE FOLLOWING CHECKLIST ITEMS TO BE ATTACHED

EQUIPMENT CHECKLIST					VEHICLE CHECKLIST				
Model	Serial #	Brand	Year	Pictures	Title	Pictures	Odometer	Registration	Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. REPORT FEES

* Enter unit amount and add find total fees

Valuation and Title Costs	Unit(s)	Price		Total
1) Residential Title:	x	\$190	=	
2) Residential BPO:	x	\$195	=	
3) Commercial Title:	x	\$265	=	
4) Commercial BPO:	x	\$1,025	=	
5) Appraisal:	x	(Call)	=	
Valuation and Title Costs Total				

Inspection Fees	Unit(s)	Price		
1) Vehicle Inspection (1-5):	x	\$75	=	
2) Vehicle Inspection (6-10):	x	\$95	=	
3) Equipment Inspection:	x	\$75	=	
4) Business Site Inspection:	x	\$75	=	
Inspection Fees Total				

Grand Total Due

IV. PAYMENT METHOD

Select a payment method and fill out the required information

☐ A. Paypal - Send payment through Paypal to paypal@wbl.com

* Enter your full business name as reference

☐ B. Wire Transfer (Please provide Federal Reference # _____)

* Below is our wire transfer information

Bank Name: IDB Bank

Routing Number: 026009768

Acct Number: 0304936

☐ C. Business Checking Account ACH Authorization

(May take up to 5 additional business days)

* Provide a copy of your voided check if using Method C

☐ Checking

☐ Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # (9 digits) _____

Bank City / State _____

Routing Number Account Number
22222222 000 111 5555 1027

Internal Use Only

WBL Authorization: _____

Print Name: _____

Date: _____

LID: _____

CID: _____

Authorization Agreement For ACH Payments

(I/we) do hereby authorize WORLD BUSINESS LENDERS, LLC hereinafter named the COMPANY, to initiate single (debit/credit) entries to (my/our) (Checking Account/Savings Account/Credit Card) as indicated and for the amount listed and referenced above. If any such debit(s) should be returned NSF, (I/we) authorize the COMPANY to collect such debit(s) by electronic debit/ACH and subsequently collect a returned debit NSF fee of up to \$30.00 per item by electronic debit from my account. I am a duly authorized check signer on the financial institution account named on the above stated account, and authorize as evidenced by my signature below.

Print Name: _____

Date: _____

Applicant Signature: _____