



MERCANTILE
COMMERCIAL CAPITAL, LLC®

Fulfilling Dreams with Smarter Financing®

SmartChoice™ Loan Program

Exclusively for:

The **E** Myth
Community

MERCANTILE COMMERCIAL CAPITAL, LLC
940 Centre Circle, Suite 3006
Altamonte Springs, Florida 32714

Phone: 407-786-5040
Fax: 407-682-1632
www.TheSmartChoiceLoan.com
info@mercantilecc.com

SMARTCHOICE™
LOAN
APPLICATION



MERCANTILE COMMERCIAL CAPITAL, LLC

Memorandum

To: Prospective Borrower
From: Christopher G. Hurn
Re: Your SmartChoice™ Loan with Mercantile Commercial Capital, LLC (MCC)

Thank you for your interest in our SmartChoice™ Loan Program. We believe this loan program is the best financing vehicle available to small and mid-sized companies wanting to own their commercial real estate. Our goal is to make this loan application process a quick and efficient one. We believe the information on this application can be assembled and prepared completely in under two hours. **KEEP IN MIND, A FULLY COMPLETED LOAN PACKAGE ALWAYS HAS THE HIGHEST PRIORITY OF OUR CREDIT DEPARTMENT AND WILL BE UNDERWRITTEN EXPEDITIOUSLY.** Please feel free to contact an MCC Loan Officer regarding any questions you might have as you prepare your application.

Please note that the application requires detailed information on the Borrower's operating company and its principals. The loan checklist, located at the front of this package, lists additional documents that are required for loan approval. If some of the information and documentation is not readily available to you, please contact us immediately as we often can be of assistance in this regard.

Thank you again for your interest in our SmartChoice™ loan program, and we look forward to working with you.

Respectfully Yours,

President and CEO
Mercantile Commercial Capital, LLC

940 Centre Circle, Suite 3006
(407) 786-5040 (phone) (407) 682-1632 (fax)
email: info@mercantilecc.com
www.TheSmartChoiceLoan.com

LOAN CHECKLIST

The following information must be submitted at the time of application.

1. General information form.
2. Principal Information form.
3. Please submit a sales contract with all exhibits, copy of warranty deed and detailed list of personal property.
4. If project includes construction or renovations, please submit: copies of builder's contract or American Institute of Architects (AIA) form; projected construction cost breakdown; statement of builder's qualifications (current and past project list, references, resumes, financials, etc.); and preliminary plans and specifications.
5. Pictures of the property (Interior/Exterior).
- 6. Business plan with projections for two years and projected monthly cash flow for the upcoming fiscal year of operations (for all companies in business fewer than two years and for existing businesses when historical data does not show the ability to repay).**
- 7. Operating company tax returns, and accountant or company-prepared balance sheet and profit and loss statement for the previous three years. (If a change of ownership occurred, please provide seller's financial statements for past three years).**
- 8. Current interim financial statement of business (balance sheet and income statement dated less than 60 days old).**
9. Aging summary of accounts receivable and accounts payable – must be dated the same date as interim financial statements.
- 10. Business Schedule of Liabilities – must be dated the same date as interim financial statements.**
11. Affiliate company (if applicable) Fiscal Year End (FYE) financial statements– balance sheet and profit and loss statements and/or complete copies of tax returns for past two years and current interim financial statement of business (balance sheet and income statement dated less than 60 days old).
- 12. Complete personal tax returns for previous three years on all proprietors, partners and stockholders owning 20 percent or more of voting stock, and all guarantors.**
- 13. Personal financial statements on all proprietors, partners and stockholders owning 20 percent or more of voting stock, and all guarantors must be provided.**
14. Source of capital injection and/or other equity (copy of recent bank or brokerage statement, for example).
15. Environmental questionnaire to be completed by the seller of the property.
16. Articles of Incorporation and Bylaws or Partnership Agreement or Limited Liability Company Operating Agreement or Sole Proprietor's Fictitious Name Statement.
- 17. Authorization to release credit.**

(Bold items are needed for a pre-approval)



MERCANTILE COMMERCIAL CAPITAL, LLC

GENERAL INFORMATION FORM

Operating Company Name:		
Trade Name (DBA as registered with Fla. Div. of Corporations):		
Address:		County:
City:	State:	Zip Code:
Office #:	Fax #:	Mobile #:
Operating Company Tax ID Number:		
E-Mail Address:		
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company or LLP		
Operating Company Start Date:		
Description of Business Activity:		
Company Web Address:		
Existing or New Business? <input type="checkbox"/> Existing <input type="checkbox"/> New		Is business engaged in exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company involved in any bankruptcy/insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have any company officers been involved in bankruptcy/insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The next six answers are not required. However, MCC may offer additional benefits for businesses owned 51 percent or more by women, minorities, veterans, or for businesses accomplishing specific public policy goals.		
Veteran-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Woman-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Minority-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is project located in a community revitalization or redevelopment area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Is the project located in an area affected by federal budget cutbacks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Will the proceeds be used for plant re-tooling or modernization of manufacturing facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY PRINCIPALS

A principal information sheet should be completed for each individual listed below with 20 percent or greater ownership. Information sheets can be found in the attached forms packet.

Stockholders/Owners:	Title:	Ownership % (must total 100%):

OTHER KEY CORPORATE OFFICERS

Name:	Title:

INFORMATION ON PROPERTY TO BE ACQUIRED

Seller's Name:		
Property Address:		
City:	State:	Zip:
County:	Percentage of building to be occupied by the business _____ %	
Total Square footage of Building:		Size of Lot:
Type of building construction:		Year built or last up fit:
Is this building free standing?		Property Zoning

ELIGIBLE PASSIVE COMPANY (EPC) INFORMATION

(An eligible passive company is defined as a company created to hold ownership of property or real estate associated with the project.)

Are you planning on forming a Real Estate Holding Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, go to next section) <input type="checkbox"/> Unsure (please fill in blanks with "To Be Determined" or "TBD")	
EPC Name:	EPC Start Date:	
EPC Ownership Percentage:		
Name:	Title:	Ownership%:

JOB CREATION (please estimate if unsure)

Number of current employees:	Jobs to be created in the next two years:
Number of jobs to be retained due to the project:	

**TOTAL LOAN AMOUNT REQUESTED (not including soft and/or closing costs)
(please estimate if unsure)**

Real Estate (Purchase Price):	\$
Construction/Renovations:	\$
Equipment, fixtures, furniture:	\$
Total:	\$

DESCRIPTION OF PROJECT

(Please describe what the proceeds of the loan will be used for. Attach an additional sheet if necessary)

NARRATIVE HISTORY OF BUSINESS

(Please describe the history of the business, competitive advantages, key customers and major competitors. Use additional sheets if necessary and/or available sales and marketing materials).

As part of this application, I/We understand that Mercantile Commercial Capital (MCC) and its authorized agents may make inquiries they deem necessary in evaluating the loan request for the Applicant and Guarantors listed below. The Applicant and Guarantors authorize MCC to undertake the following:

1. Verify at any time any information submitted to MCC by the Applicant, Guarantors, or their representatives or agents on their behalf.
2. Obtain further information concerning the credit standing of the Applicant and Guarantors.
3. Exchange such credit information with other interested parties as MCC deems necessary.

This authorization includes permission to obtain Business and Consumer Credit Reports on the Applicant and Guarantors at any time as deemed necessary by MCC.

APPLICANT NAME

GUARANTOR NAME

GUARANTOR NAME

BY: _____, as

BY: _____, as

BY: _____, as

Title: _____

Guarantor

Guarantor

PRINCIPAL INFORMATION FORMS

(Please list information on all company principals, owners and loan guarantors. Anyone who co-signs for the loan or owns more than 20 percent of stock in the operating company should be listed as a principal. Make additional copies of this blank form if necessary).

Principal 1

First Name:	Full Middle Name:	Last Name:
Aliases or maiden names (If known by more than one name, please give dates)		
1	From: (Mo/Yr)	To: (Mo/Yr)
2	From: (Mo/Yr)	To: (Mo/Yr)
Title:		
Ownership Percentage:		Date of Birth:
Place of Birth:		Social Security Number:
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide resident alien number and a copy of front and back of resident alien card_____		Home Telephone Number:
Home Address:		From: (Mo./Yr.) To: (Mo./Yr.)
City:	State:	Zip Code:
Prior Home Address (if fewer than 10 years at above):		From: (Mo./Yr.) To: (Mo./Yr.)
City:	State:	Zip Code:
Have you ever been an active member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, were you honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DISCLOSURES

(It is important that the next three questions be answered completely. An arrest or conviction record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied. If you answer yes to any of the following three questions, furnish details on a separate sheet (please include dates, location, fines, sentences [whether misdemeanor or felony], dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information).

Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire)
Have you <u>ever</u> been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses that have been dismissed, discharged, or not prosecuted. (All arrests must be disclosed and explained on an attached sheet) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No

MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate such. If you would like to submit a different version of your resume, please do so. You may include additional relevant information on a separate exhibit.

Personal information:

Name: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Residence Telephone: _____ Business Telephone: _____

Residence Address: _____

From: _____ To: _____ Present Date.

Previous Address: _____

From: _____ To: _____

Spouse's Name: _____ SS#: _____

Are you employed by the U.S. Government? Yes No Agency/Position: _____

Are you a U.S. citizen? Yes No If no, give Alien Registration Number: _____

Education:

High School/College/Technical Name/Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service Background:

Branch of Service: _____ Dates of Service: _____

Work Experience: List chronologically, starting with present employment.

Company Name/Location: _____

From: _____ To: _____

Duties: _____

Company Name/Location: _____

From: _____ To: _____

Duties: _____

Company Name/Location: _____

From: _____ To: _____

Duties: _____

Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Mercantile Commercial Capital, LLC (MCC) and/or assigns and the U.S. Small Business Administration (SBA) (collectively, "MCC") any and all information MCC and/or assigns may require at any time for any purpose related to our credit application and/or loan transaction with MCC and/or assigns.

I/We hereby authorize MCC to release any and all information and/or data (including but not limited to personal and/or business financial statements, personal and/or business income tax returns, payment and/or credit history) to any entity MCC deems necessary for any purpose related to our credit application/loan transaction with MCC and/or assigns.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in the Loan Authorization issued by the U.S. Small Business Administration.

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date



AGING SUMMARY OF ACCOUNTS RECEIVABLE (A/R) AND ACCOUNTS PAYABLE (A/P)

(A/R and A/P must match interim balance sheet)

If you have your own version of an aging summary, please submit in lieu of this version.

<u>Aging:</u>	<u>Accounts Receivable</u>	<u>Accounts Payable</u>
Under 30 Days	_____	_____
30 – 59 Days	_____	_____
60 – 89 Days	_____	_____
Over 90 Days	_____	_____

A/R Detail:

List any customer concentrations that are **greater than or equal to 10%** of total A/R:

<u>Name:</u>	<u>%</u>	<u>Any Issues (Collection, etc.)?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any customers with A/R over 90 days and indicate whether account is collectable:

<u>Name:</u>	<u>Collectable (Y/N)</u>	<u>Extended Terms:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A/P Detail:

List any A/P over 90 days and indicate whether you have extended terms and list terms:

<u>Name:</u>	<u>Extended Terms (Y/N)</u>	<u>Terms:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Signature: _____ Date: _____

BUSINESS SCHEDULE OF LIABILITIES

As of _____, 20_____.

Existing Debt Obligations. List separately all obligations of the company evidenced by note or capital lease, including drawn-upon lines of credit and vehicle loans or leases. This section requires more detail than that found on any CPA prepared financial statements. It is a critical part of the information we analyze.

Name of Creditor	Original Amount	Date	Present Balance	Rate of Interest	Monthly Pmt. (\$)	Other Pmt.	Maturity Date	Collateral
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		

The information contained on this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form. Please date and match this form to the liabilities listed on your interim balance sheet.

Signature: _____

Title: _____

Date: _____



PERSONAL FINANCIAL STATEMENT

AS OF _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name:	Business Phone:
Residence Address:	Residence Phone:
City, State, & Zip Code:	
Business Name or Applicant/Borrower:	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks.....	\$ _____	Account Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others.....	\$ _____
IRA or Other Retirement Account.....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable.....	\$ _____	Installment Account (Auto).....	\$ _____
Life Insurance-Cash Surrender Value Only.....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other).....	\$ _____
Stocks and Bonds.....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance.....	\$ _____
Real Estate.....	\$ _____	Mortgages on Real Estate.....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value.....	\$ _____	Unpaid Taxes.....	\$ _____
Other Personal Property.....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities.....	\$ _____
Other Assets.....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)	\$ _____	Total	\$ _____
Total	\$ _____	Net Worth (Assets minus Liabilities).....	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary.....	\$ _____
Net Investment Income.....	\$ _____
Real Estate Income.....	\$ _____
Other Income (Describe below)*.....	\$ _____
	As Endorser or Co-Maker.....
	\$ _____
	Legal Claims & Judgments.....
	\$ _____
	Provision for Federal Income Tax.....
	\$ _____
	Other Special Debt.....
	\$ _____

Description of Other Income in Section 1.

*Alimony or Child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed Type of Collateral



Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).

I authorize MCC and/or assigns to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature: _____ **Date:** _____ **Social Security Number:** _____

Signature: _____ **Date:** _____ **Social Security Number:** _____





Environmental Questionnaire

Borrower Name: _____

Telephone: _____

Contact Person: _____

Telephone: _____

Person Completing Environmental Questionnaire: _____

Telephone: _____

Questionnaire Completion Date: _____

Property Address: _____

The purpose of this questionnaire is to provide information about the past and present ownership and uses of the real property upon which the lender and SBA will rely in deciding whether to extend credit. Include supporting documentary evidence where appropriate. If unable to answer, please respond "unknown." If space is inadequate to answer, **please attach additional pages as needed**. If applicant has an interest (leasehold or fee interest) and conducts business at multiple locations, a separate disclosure statement should be supplied for each location. After review of this questionnaire, lender and SBA may require a Phase I or Phase II environmental audit.

1. The present and previous owner(s) of the subject property:

Present:

Previous:

2. The present and previous occupant(s) of the subject property back to when the property was undeveloped, if possible. If

the names are unknown but the history is known, please write a brief statement appropriate to the circumstances (e.g.

"Has always been office space back to when it was undeveloped and was residential prior to construction."): _____

Present:

Previous: _____; _____; _____; _____; _____

3. Date of last transfer of ownership:

Was pre-acquisition site assessment or environmental audit required? If so, include a copy of the report.

4. Is the subject property presently used as an industrial use facility (including gas stations, No Yes
manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)?

If yes, please describe

5. Has the subject property ever been used as an industrial use facility (including gas stations, No Yes
manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)?

If yes, please describe

6. Is the subject property structure a multi-tenant (10+ units) residential dwelling, nursing home or No Yes

daycare center constructed prior to 1978? If yes, please describe

7. Is there historical or archeological significance in the subject property? No Yes

8. Is the subject property structure to be significantly renovated or demolished? No Yes

9. Is there Asbestos Containing Material (ACM) in the building materials of the subject property structure? No Yes

10. Are any of the properties on any side of the subject property presently used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? If yes, please describe: No Yes

North: _____

South: _____

East: _____

West: _____

(If a road/street abuts any side of the subject property, please identify the land use beyond the road/street)

11. Have any of the properties on any side of the subject property ever been used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? If yes, please describe: No Yes

12. Are there any transformers or other stationary hydraulic equipment on the subject property which are owned by the property owner? No Yes

13. Are there underground storage tanks (UST's) currently on the subject property? If yes, attach copies of the registration, spill insurance certificate, recent tank and line tightness test results (within last six months) and verification that UST's meet all current compliance requirements. No Yes

14. Have UST's ever been removed from the subject property or abandoned in place? If yes, state the year removed and attach a copy of all removal documents and the "No Further Action" letter issued by the State Fire Marshall's Office. No Yes

Year Removed: _____

15. Are there currently or have there ever been any fill pipes, vent pipes or access ways protruding from the ground on the subject property that would indicate the presence of a UST or former UST? No Yes

16. Are there above ground storage tanks (AST's) without secondary containment on the subject No Yes

property?

17. Is the subject property registered with the EPA regarding any permits for hazardous waste generation, treatment, storage or disposal? If yes, attach a copy of permit, registration, and/or I.D. # respectively. No Yes

18. Is any hazardous waste, including petroleum products, currently being treated or dispensed at the subject property? If yes, describe the type and method of treatment, storage and/or disposal. No Yes

19. Is any hazardous waste, including petroleum products, currently being disposed of off-site? If yes, attach a copy of the most recent waste manifest for the disposed waste. No Yes

20. Has any hazardous waste, including petroleum products, ever been disposed of on or off-site? If yes, attach a copy of the most recent manifest and the borrower's Hazardous Waste I.D.# and describe waste(s) disposed of. No Yes

21. Are there any present/past enforcement actions by a regulatory agency for the subject property? If yes, describe: No Yes

22. Are there any existing environmental liens, lawsuits, administrative actions or environmental easements associated with the use of the subject property? If yes, describe: No Yes

23. Are there now or have there ever been pits, ponds, or lagoons used for dumping wastes located on the subject property? If yes, describe: No Yes

24. Are there any groundwater monitoring wells (for groundwater contamination) located on the subject property? If yes, state how many and describe their purpose: No Yes

25. Does the subject property discharge waste (or wastewater) to an on-site sewer, on-site septic system, ditch or other waterway? If yes, state the nature of the discharge and attach a copy of the permit: No Yes

26. Are there any outstanding Fire and/or Health Department violations for the subject property? If yes, describe: No Yes

27. Does the subject property have any Wetlands? No Yes

28. Is the subject property or portion thereof used for agriculture? No Yes

Visual Inspection (to be completed by MCC Representative):

If the answer is "Yes" to any of the following questions, please provide a brief description.

1. Is there any evidence that chemicals are used in the operation of the facility? No Yes

2. Are there any discarded chemical containers (e.g. 55 gallon drums) on the property? No Yes

3. Are there any waste piles of any type (inquire about buried waste and the presence of underground storage tanks)? No Yes

4. Is there any evidence of distressed vegetation? No Yes

5. Is there evidence of oily films on standing water? No Yes

6. Is there evidence of any discolored soils? No Yes

7. Are there any unusual odors? No Yes

I am familiar with the real property described in this questionnaire. By signing below, I represent and warrant to SBA that the answers to the above questions are complete and accurate to the best of my knowledge. I also understand that SBA will rely on the completeness and accuracy of my answers in assessing any environmental risks associated with the property.

Name of Business: _____

Signature: _____ Date: _____

Seller of Property or Authorized Representative

Print Name: _____

Title: _____

I have visually inspected the property.

MCC Representative _____ Date: _____