



# Hotel CapEx Financing Application



## Company Information

Business Name		Street Address	
City		State	Zip
Phone		Email	
Officer 1 Name	Title	Social Security #	Ownership %
Officer 2 Name	Title	Social Security #	Ownership %
Officer 3 Name	Title	Social Security #	Ownership %
Officer 4 Name	Title	Social Security #	Ownership %

## Bank Reference

Bank Name	Account #
Contact Person	Phone

## Borrowing Reference

*Required for requests over \$75,000*

Lender Name	Account #	Phone
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## Equipment-Vehicles-Furniture-Software

Estimated Cost	Description (Attach list if necessary)	
Procurement & Purchasing Company	Procurement & Purchasing Company Person	Procurement & Purchasing Company Phone
<input type="radio"/> 24 <input type="radio"/> 36 <input type="radio"/> 48 <input type="radio"/> 60 Desired Term (in months)	<input type="radio"/> \$1 <input type="radio"/> 10% <input type="radio"/> FMV (Fair Market Value) Purchase Option	

Signature below authorizes verification of credit information from whatever source deemed appropriate. Such authorization extends to obtaining business references as well as any/all individual credit report profiles from any national credit reporting agency, as well as authorizes banks, trade/borrowing references and financial institutions to release all credit information requested, and furthermore waives any potential right or claim they may have under the Fair Credit Reporting Act. A copy of this Credit Release Authorization is deemed to be the equivalent of the original.

Signature - Officer 1	Date	Signature - Officer 2	Date
Signature - Officer 3	Date	Signature - Officer 4	Date



# Hotel CapEx Financing Application



## Hotel Asset Fact Sheet

Legal Entity Name (Hotel Owner)

Official Hotel Name

Hotel Location Street Address

City, State, Zip

Year Built

Date Acquired

Last Renovated

# of Rooms

# of Seats in Hotel Operated Outlets

Ground Lease (Yes/No)

Hotel Management Company

Term of Management Contract

Is Manager Related to Entity?

Hotel Management Company Contact Person

Hotel Management Company Contact Person Phone Number

## Brand Info

Franchisor (Parent Company of Brands)

Hotel Brand

Date Affiliated

Prior Brand Affiliation (if any)

Franchise Salesperson

Franchise Salesperson Phone Number

Email Address

Current Franchise Term

Date Commenced

Expiration Date

Are you current with all payments to Franchisor?

Date of Last Quality Inspection

Quality Inspection Score

## Additional & Affiliate Hotel Info

Brand

Location (City/State)

Room Count

Next PIP Date

Brand

Location (City/State)

Room Count

Next PIP Date

Brand

Location (City/State)

Room Count

Next PIP Date

Brand

Location (City/State)

Room Count

Next PIP Date