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NOTE SALE INFORMATION

Note Holder (The party receiving the payments)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone #:() _____ Evening Phone #:() _____ Cell Phone #:() _____
Email Address: _____

Note Information

Position: 1st 2nd 3rd Type: Deed of Trust Mortgage Contract for Sale Wrap
Sales Price: \$ _____ Down Payment: \$ _____ Original Loan: \$ _____
Interest Rate: _____ % Sale Date: _____ Stop Date: _____ Balloon Pmt: \$ _____
1st Pmt. Date: _____ Orig. Term: _____ pmts. Pmts. Pd: _____ Pmts. Remain.: _____
Current Balance: \$ _____ Payment: \$ _____ Coll. Fee: \$ _____
Interest Pd. To: _____, 20____ Payment Type: P&I I Only Irregular
Assumable: Yes No Prepayment Penalty: Yes No Late Charge: Yes No
Collected by: _____
Address: _____
Phone: () _____ Fax #: () _____ Loan #: _____

Collateral Information

Address: _____
City: _____ County: _____ State: _____ Zip: _____
Tax Code #(s): _____ Taxes Due (Years): _____
Prop. Type: _____ Condition.: Good Average Fair/Poor
Parcel Size _____ Bldg. Size _____ # Units _____ # Bedrms _____ # Baths _____
Current Value \$ _____ Owner Occ. Rental \$ _____
Fire Ins. Info.:
Policy #: _____ Expiration Date: _____
Agent: _____ Phone #: () _____
Address: _____
Coverage: \$ _____ Premium: \$ _____

Payor Information (The party making the payments)

Name: _____ SS# _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone #:() _____ Evening Phone #:() _____ Cell Phone #:() _____
Email Address: _____

Information Needed

- | | |
|---|--|
| <input type="checkbox"/> Promissory Note | <input type="checkbox"/> Original Purchase Contract |
| <input type="checkbox"/> Lien Instrument (Deed of Trust/Mortgage) | <input type="checkbox"/> Original Closing Statement |
| <input type="checkbox"/> Payment History | <input type="checkbox"/> Senior Lien Info. (Note, Deed of Trust) |
| <input type="checkbox"/> Assessor's Information or Appraisal | _____ |
| <input type="checkbox"/> Fire Insurance Policy | _____ |
| <input type="checkbox"/> Location Map | _____ |

