



Crossroads Investment Lending

33500 Lexington Ave
DeSoto KS 66018
913 583 1199
913 583 1194 FAX

LOAN REQUEST FORM

Subject Property Address: _____

BORROWING ENTITY _____ Tax ID: _____

Principal Name: _____ SS# _____

Driver's Lic. # _____

Co - Principal Name: _____ SS# _____

Driver's Lic. # _____

Contact Person: _____

How did you learn about our company? _____

Phone: _____ Mobile _____ Fax: _____

City: _____ State: _____ Zip: _____

Access to Property: (How do we get in to do inspections) _____

Appropriate Repaired Retail Value: \$ _____

Repairs Needed (may be financed): \$ _____

Purchased Price of Property: \$ _____

REQUESTED CLOSE DATE _____

If loan amount exceeds Approved Loan-to-Value %, we
will calculate the amount needed to bring to closing.

Signature Date Office use only: _____

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PLEASE FILL OUT ALL BLANKS