

**National Funding Resource Associates**

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**BUSINESS NOTE WORKSHEET**

**BUSINESS INFORMATION**

TYPE OF BUSINESS \_\_\_\_\_  
ASSET BREAKDOWN (if available)  
EQUIPMENT \_\_\_\_\_ INVENTORY \_\_\_\_\_ GOODWILL \_\_\_\_\_  
IS OPERATION A FRANCHISE \_\_\_ YES \_\_\_ NO  
STREET ADDRESS IF AVAILABLE \_\_\_\_\_  
COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
HOW LONG IN BUSINESS AT THIS LOCATION? \_\_\_\_\_  
BUSINESS LOCATION IS: \_\_\_ OWNED BY PAYER; \_\_\_ LEASED BY PAYER, EXPIRES \_\_\_\_\_  
PAYER A CORPORATION Y/N \_\_\_\_\_ IS THERE A PERSONAL GUARANTEE AS WELL Y/N \_\_\_\_\_

**HISTORICAL INFORMATION**

DATE OF SALE \_\_\_\_\_  
SELLING PRICE \$ \_\_\_\_\_  
DOWN PAYMENT\$ \_\_\_\_\_  
1<sup>st</sup> LIEN \$ \_\_\_\_\_  
2<sup>nd</sup> LIEN \$ \_\_\_\_\_

**BUSINESS TAX INFORMATION  
FOR YEAR END PRIOR TO SALE**

GROSS REVENUES: \_\_\_\_\_  
NET/TAXABLE INCOME: \_\_\_\_\_  
INTEREST EXPENSE: \_\_\_\_\_  
DEPRECIATION EXPENSE: \_\_\_\_\_  
AMORTIZATION EXPENSE: \_\_\_\_\_

**NOTE INFORMATION**

DATE OF NOTE \_\_\_\_\_  
AMOUNT \$ \_\_\_\_\_  
TERM IN MONTHS \_\_\_\_\_  
PAYMENT AMOUNT \$ \_\_\_\_\_  
BALLOON AMOUNT \$ \_\_\_\_\_  
BALLOON DATE \_\_\_\_\_  
INTEREST RATE \_\_\_\_\_  
DUE DATE 1<sup>st</sup> PMT \_\_\_\_\_  
# OF PAYMENTS PAID \_\_\_\_\_  
# OF PAYMENTS LEFT \_\_\_\_\_  
NEXT PAYMENT DUE \_\_\_\_\_  
BALANCE \$ \_\_\_\_\_

**PAYER/PAYMENT INFORMATION**

(Employment Info, Payment Record, Payer S.S.#, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MOTIVATION INFORMATION**

(Why, How Much, When, etc)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUOTE REQUESTS**

OPTION #  
\_\_\_\_\_ BUY TOTAL BALANCE OF NOTE \$ \_\_\_\_\_  
\_\_\_\_\_ BUY \_\_\_\_\_ PAYMENTS \$ \_\_\_\_\_  
\_\_\_\_\_ BUY \_\_\_\_\_ PAYMENTS \$ \_\_\_\_\_  
\_\_\_\_\_ BUY \_\_\_\_\_ PAYMENTS \$ \_\_\_\_\_  
\_\_\_\_\_ BUY \_\_\_\_\_ PMTS + \$ \_\_\_\_\_ OF BALLOON\$ \_\_\_\_\_  
\_\_\_\_\_ BUY \_\_\_\_\_ PMTS + \$ \_\_\_\_\_ OF BALLOON\$ \_\_\_\_\_  
\_\_\_\_\_ BUY \_\_\_\_\_ PMTS + \$ \_\_\_\_\_ OF BALLOON\$ \_\_\_\_\_  
\_\_\_\_\_ OTHER \_\_\_\_\_