

Wholesale Buyer Prequalification Form



First & Last Name: _____	Date: _____
Company Name: _____	Years in Business: _____
Address: _____	Home Phone: _____
City: _____ State: _____ Zip: _____	Cell Phone: _____
Email: _____	Work Phone: _____
Lead Source: _____	Fax: _____

Your Experience/Property Needs:

What is your rehab experience/How many projects have you completed? _____

What type of properties are you looking to purchase?

- | | |
|--|---|
| <input type="checkbox"/> Rehabs (cosmetic) | <input type="checkbox"/> Rental Properties (landlord) |
| <input type="checkbox"/> Rehabs (full gut single family) | <input type="checkbox"/> Land |
| <input type="checkbox"/> Rehabs (full gut multi) | <input type="checkbox"/> Other _____ |

In what areas are you looking to purchase properties? _____

What price range of properties are you looking to buy? \$ _____ to \$ _____

How many properties are you looking to purchase/rehab in the next six months? _____

Source of Money:

What's your financing source?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Traditional Financing |
| <input type="checkbox"/> Hard Money | <input type="checkbox"/> Other _____ |

Do you already have financing/funding in place? Yes No

If yes, what lender? _____

Contact Number: _____

How much are you approved for? \$ _____

How quickly can you close? One week 15 days 30 days Other _____

Notes:
