

LENDERS COMPREHENSIVE SINGLE INTEREST DATA FORM

Business Name: _____

Address: _____

Owner or manger: _____ **Title:** _____ **Date:** _____

Contact Person: _____ **Title:** _____

Phone: _____ **Fax:** _____ **Cell:** _____

Management years in this type of business: _____

| 1. Your outstanding exposures: | Number | Total Dollar Amount |
|---------------------------------------|---------------|----------------------------|
| A: Automobiles / Trucks | _____ | _____ |
| B: Other | _____ | _____ |

2. Estimated number of new loans for the next twelve months: _____

3. Maximum term of loans: _____ **Months**
Average term of loans: _____ **Months**

4. Do loan agreements require insurance to name you as loss payee?

Yes _____ **No** _____

5. Do you have an insurance follow - up program? **Yes** _____ **No** _____

6. Past experience:

A: Average loans delinquency rate (expresses as a percentage of total loans):

YTD: 30 Days _____ 60 Days _____ 90 Days _____
Last Year: 30 Days _____ 60 Days _____ 90 Days _____

B: Number of days for repossessions: (5/10/15/30/45/60/90 Other):

YTD: _____ **LAST YEAR** _____ **PRIOR YEAR** _____