



Drop Off or Mail Application Fee to:  
1001 West Loop South Suite 803 Houston, TX 77027

Fax Pre-Qualification Form along with Authorization to  
Gold Quest Group: 713-983-4623

## Pre-Qualification Form

*THE APPLICATION FEE MUST BE PAID AND SIGNED AUTHORIZATION TO RELEASE  
INFORMATION FORM MUST BE RECEIVED BEFORE APPROVAL PROCESS WILL START*

The Information contained in this application and any provided exhibits  
will be considered confidential and will not be released by Gold Quest Group to any third party.  
Refer to the check list with this application for a list of needed exhibits.

*COMPLETION OF THIS PRE-QUALIFICATION FORM IS NOT A GUARANTEE OF CREDIT*

How did you learn about our company? \_\_\_\_\_

Legal Name of Company or Individual \_\_\_\_\_

Name of Borrower \_\_\_\_\_ SS # \_\_\_\_\_

TDL# \_\_\_\_\_

Name of Co-Borrower \_\_\_\_\_ SS# \_\_\_\_\_

TDL# \_\_\_\_\_

Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status (Check One): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Name of individual who will be the Operations Contact \_\_\_\_\_

Operations address if different from above \_\_\_\_\_

Operations City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Operations Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business (pick one):

Sole Proprietorship: \_\_\_\_\_ SS # \_\_\_\_\_ Registered DBA Name \_\_\_\_\_

Corp/LLC/LP: \_\_\_\_\_ Fed Tax ID \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Have any of the Principals or Corporation ever filed:

Bankruptcy Yes \_\_\_\_\_ No \_\_\_\_\_ If yes - Date \_\_\_\_\_ Date of Release \_\_\_\_\_

Foreclosure Yes \_\_\_\_\_ No \_\_\_\_\_ If yes - Date \_\_\_\_\_ Date of Release \_\_\_\_\_

Judgements Yes \_\_\_\_\_ No \_\_\_\_\_ If yes - Date \_\_\_\_\_ Date of Release \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR INTERNAL USE ONLY

Market Rep: Name \_\_\_\_\_ City \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Maximum LTV: \_\_\_\_\_ Reserves Required: Y/N # Of Months \_\_\_\_\_

Application Fee Paid: Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Date Application Fee Rec'd \_\_\_\_\_ Date Authorization Form Rec'd: \_\_\_\_\_