



Lake Union Financial
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Please Fax your application to: 888-261-9603 or
 Email to: customerservice@lakeunionfinancial.com

HOTEL CREDIT APPLICATION Page 1

Applicant Company Information

Full Legal Business Name _____ Federal Tax ID _____ Phone Number _____

Company Function: Owner/Operator REIT Management Co. Asset Manager Franchisee Membership Co.

Entity Type: Corporation LLC Sole Proprietorship Partnership _____
 Your Co. started _____ Year of current ownership _____

Contact Name _____ Title _____ Cell Phone _____ Email Address _____

Hotel Property Address (no PO boxes) _____ City _____ County _____ State _____ Zip _____

Headquarters Address (if different) _____ City _____ County _____ State _____ Zip _____

HOTEL PERFORMANCE: *Please provide recent performance data plus projections based on your budget and financial statements*

Occupancy: _____% _____% _____% AD R: _____ RavPAR: _____
 last 3 mos last 12 mos next 12 mos last 3 mos last 12 mos next 12 mos last 12 mos next 12 mos

Revenues: \$ _____ \$ _____ Net Op Income \$ _____ \$ _____ Balance Sheet Equity \$ _____ \$ _____
 last 12 mos next 12 mos last 12 mos next 12 mos today 1 yr from today

Please describe your marketing plan: _____

Hotel strengths: _____ Biggest Risks: _____

HOTEL PROPERTY:
 Year hotel built: _____ Year hotel acquired _____ Year of last remodel: _____ Current Market Value \$ _____

Hotel purchase price: \$ _____ Mortgage balance: \$ _____ Amount invested since acquired \$ _____

HOTEL STATUS:
 Excellent / recently remodeled Recently opened Good /well maintained Satisfactory Turn around Under construction

of hotel rooms _____ # of rooms in use _____ # of rooms planned _____ Sq ft. of Building: _____ Sq ft. of land: _____

Name of new flag (if any) _____ Name of existing flag: _____ since: _____

Construction start date (if applicable) _____ Target finish date: _____ On schedule? YES NO

HOTEL SEGMENT:
 Luxury Upper Upscale Upscale Upper Mid (full service) Midscale (select) Midscale (limited) Economy Independent

HOTEL TYPE:
 All-suite Boutique Conference Center Convention Destination Resort Casino Ski Spa Waterpark

HOTEL MARKET:
 Urban Suburban Airport Interstate Resort Small Town Local attractions _____

HOTEL MANAGEMENT:

Current Management years of experience: _____ Date of Management contract (if any) _____ Expiration date (if any) _____

Are there any changes in management anticipated during the next 5 years? Yes No If so, explain: _____

Name of management company (if different than above) _____

Other properties managed (names, cities, dates) _____

Parent Companies, Subsidiaries, other affiliated entities

Please continue list on another page if more room is needed

Entity Legal Name City State Federal Tax ID Relationship to Applicant

Entity Legal Name City State Federal Tax ID Relationship to Applicant

Personal Information on Owners / Officers / Guarantors

Please continue list on another page if more room is needed

Name Title SS # Ownership %

Home Address City State & Zip Code

Name Title SS # Ownership %

Home Address City State & Zip Code

Have any parties listed herein recently: been delinquent on any debt payments? failed to meet covenant requirements of any loan?

Applicant Bank information

Bank Name Deposit Account Balance Loan Balance Phone # Bank Officer

Mortgagee & Property Owner Information

Mortgagee Name, City & State Property Owner Name, City & State

Equipment / Furniture

Please attach the invoices, quotes or purchase orders describing the equipment with its itemized cost

Types: FF&E HVAC Phones Computers Vehicles Already delivered? Y N Partially Already paid for? Y N Partially

\$ _____ \$ _____ \$ _____

Amount requested for financing Additional financing needed during next 12 mos. Balloon payments due during next 24 months

By the execution of the application, I/We warrant that the information submitted herein is true and correct and hereby authorize Lake Union Leasing, LLC and its financial lenders to make whatever credit inquiries it deems necessary in connection with my/our credit application. I/We authorize and instruct any person or consumer report agency to comply and furnish any information it may have or obtain in response to such credit inquiries. It is understood the financial lender reserves the right to reverse any credit decision if information is found to be incorrect. I/We will indemnify the financial lender for any and all costs incurred with this application contained herein.

Signature _____ Date _____

Signature _____ Date _____