

Optimum Funding Solutions, LLC

CLIENT DATA SHEET

Date: _____

Is this a ___ Business or a ___ Personal Loan?

Full Name: _____

Name of Business: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Loan Amount Desired: _____

Intended Use of Loan: _____

Do You Have Collateral? ___ Yes ___ No

How Would You Rate Your Credit? ___ Excellent ___ Good ___ Fair ___ Poor

Email or Fax this form to: khawkins@optimumfundingsolutions.com or 214.380.5000
224 Dalton Dr., Suite A, DeSoto, Tx 75115
214.724.7810