

Commercial Retail Advisors, LLC

TENANT APPLICATION

NAME		
PROJECT _		
DATE		

PERSONAL FINANCIAL STATEMENT

		DATE	
NAME		EMPLOYER	YEARS
ADDRESS		_ POSITIONF	
	ZIP	PREVIOUS EMPLOYER	YEARS
	HOME		
NUMBER F BIRTH DATE NO. OF DEPENDEN	PHONE	NAME OF SPOUSE	
BIRTH DATE NO. OF DEPENDEN	ITS	SPOUSE SOCIAL SECURITY NO	
community property of both, property acquired before of the spouse who acquired it. Community Obligation: This Financial Statement, request for credit as a debt of the marital communit Sole and Separate Obligation: This Financial Sas a sole and separate debt of mine, not based of	re marriage or afte UNLESS OTHER y. Supply all inforr Statement, is my Son the creditworthir	alary and wages) acquired by either a husband or wife during marriage by gift or inheritance and the income therefrom is the RWISE MARKED BELOW, is our joint Financial Statement in mation requested (both spouses sign the Financial Statement). OLE AND SEPARATE Financial Statement, in conjunction with mess of the marital community (if any). Give no other informatic assets and income and also all debts for which you are	e separate property conjunction with a a request of credit tion regarding your
ASSETS	DOLLARS	LIABILITIES	DOLLARS
Cash Bank Name		Loans payable Branch Name(s) & collateral	
1) 2)		1) 2)	
Other cash - give location (s)		3)	
1)		Loans payable to other financial institutions	
2)		give name(s) & collateral	
2) 3)		1) 2)	
Amounts owed to you/Loans payable to you		3)	
(give names)		,	
1)		Accounts payable (include credit card(s) to other firms and	
2)		individuals give name (s)	
2) 3)		1) 2)	
4)		3)	
Securities (Schedule B)		Taxes payable	
Cash surrender value life insurance (Schedule C)		Estimated taxes on unrealized gains	
Vehicles - year and make		Real estate indebtedness (Schedule A)	
1) 2)		Other liabilities (describe) 1)	
Real estate (Schedule A)		2)	
Other assets (describe)		3)	
1)		4)	
2) 3)		5) TOTAL LIABILITIES	\$
4)		TOTAL LIABILITIES	Ψ
5)		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL	\$
ANNUAL INCOME*		ANNUAL EXPENDITURES (excluding ordinary livi	na expenses
Gross salary		Real estate payment(s) (Schedule A)	Ĭ .
Spouse gross salary		Rent	
Securities income		Income taxes (annual payroll deductions or lump sum payment)	
Rental income		All insurance premiums (Ins. & R.E Taxes - not impounded**)	
Other income (describe)		Property taxes (if not "impounded")	
1)		Other expenditures (describe) include payments for	+
		vehicles)	
2)		1)	
3) 4)		2) 3)	
4) 5)		4)	
TOTAL ANNUAL INCOME	\$	5)	
LESS - TOTAL EXPENDITURES	\$	TOTAL ANNUAL EXPENDITURES	\$
LLOG TOTAL LA LINDITOTALO	1 *	I O I AL ANNOAL LAF LINDII UNES	1 .

(exclusive of ordinary living expenses) the lender for future payments.

*Income from alimony, child support, or maintenance payments need not be revealed if you do not choose to disclose such income in applying for credit. As a creditor, we may inquire whether any income stated in an application is derived from such a source.

amounts held in escrow by

**Impounded insurance premiums and property taxes are

NET CASH INCOME

CHECK ALL APPLICABLE ITEM	IS AND GIVE DETA	ILS (i.e	., nan	nes, dates	and descrip	otions)			
Assets held in joint tena	ncy - With whom:								
Assets held in Trust - N	ame of Trust:								
Debts of other which yo	u guarantee:								
Assets encumbered exc	cept as indicated:								
Debt secured except as	indicated:								
Other business connect	ions:								
Suits or judgements aga	ainst you:								
Bankruptcy - Year:									
Executor of your estate:	i								
Other banks with which	you do business:								
SCHEDULE A - REAL ESTATE	•								
ADDRESS AND DESCRIPTION OF PROPERTY	TITLE IN NAME OF	PURC	HASE	YEAR PUR- CHASED	ESTIMATE D VALUE		TEDNES S	ANNUAL PAYMENT	
1.		\$			\$	\$		\$	
2.									
3.									
4.									
SCHEDULE B - SECURITIES								l	
NUMBER SHARES OF STOCK/ FACE VALUE OF BONDS	DESCRIPTION - N	NAME OF	COMF	PANY	EXCHANGE WHICH TRAD KNOWN	ED (IF	- MAR	NT VALUE KETABLE	ESTIMATED VALUE - UNMARKETABLE
1.							\$		\$
2.									
3.									
4.									
SCHEDULE C - LIFE INSURANCE									
NAME OF INSURED	NAME OF COMPAN	IY		CE VALUE	V. (IF	URREND ALUE : ANY)	ER	BE	ENEFICIARY
1.			\$		\$				
2.									
3.									
4.									
Automobile insurance: Public Liability If additional space is needed for \$1.00 to \$1	ty - Yes□ No□ Pro Schedule A. Schedul								No □ \$
		have ca Comme obligation knowing Comme financia	arefully ercial R ons, dir gly with ercial R al condi	read, I (we letail Advisorect or continued any metail Advisortion. I (we)	guarantee it ors, LLC or its ingent, which l naterial informater, LLC imme hereby autho	s accurace clients. The have not ation of a diately in the prize Com	by with the last (we) was been set an adverse writing, amercial last (we)	ne intent that I arrant that I forth hereose nature. To any unfaretail Advise	ortions of which I (we) to it be relied upon by (we) have no known and that I have not I (we) agree to notify worable change in my ors, LLC or its clients onal information as to
		(Date S	igned)						(Signature)

(Date Signed)

(Signature)

Name:	1.	Store Name:						
Last	2.		vife:			Married		Single
Street				First			Middle	
Phone: (
Social Security Number:				City	() _		State	Zip
Principal Owners/Officers of Tenant, including wife: Name: Last Address: Street City State Zip Phone: Social Security Number: Individual d/b/a Corporation Partnership Other Limited liability company Non-profit organization Other Limited Liability company Non-profit organization Limited Liability company Non-profit organization Non-profit organization Limited Liability company Non-profit organization Limited Liability company Limited Liability company Limited Liability company Limited Liability Company, Date of Formation: State of (Attach Copy if Available) Lif I Partnership: Date of Partnership Agreement: State of (Attach Copy if Available) Lif I Partnership: Date of Partnership Agreement: State of Catach Copy if Available Last First Middle Social Security No. Address: Last First Middle Social Security No. Address: Last First Middle Social Security No. Address: Street City State Denoe: Residence Business Name: Last First Middle Social Security No. Address: Street City State Zip Phone: Phone: Address: Street City State Zip Denoe: A Sole location of tenant. B Second location of tenant. B Second location of tenant. B Second location of tenant. C Tenant is moving to this location and will close present location. D An additional store in a chain of Street Street Street Street Street City State Zip Denoe: C Tenant is moving to insteation and will close present location. D An additional store in a chain of Street S							Business	
Name:								
Last			vife:					
Street City State Zip		Last		First			Middle	
Residence				City			State	Zip
Social Security Number:					()_			
Tenant will be a: Individual d/b/a Limited liability company							Business	
CorporationNon-profit organization Other	^			1:				
Partnership	3.	0	a		-			
4. If a Corporation: Date of Incorporation: State of (Attach Copy if Available) 5. If Limited Liability Company, Date of Formation: State of (Attach Copy if Available) 6. If a Partnership: Date of Partnership Agreement: State of (Attach Copy if Available) 7. Federal Employer Tax Identification #: 8. Guarantors under the Lease Agreement shall be: Name: Last First Middle Social Security No. Address: Street City State Zip Phone: () Business Name: Last First Middle Social Security No. Address: Street City State Zip Phone: () Business Name: Last First Middle Social Security No. Address: Street City State Zip Phone: () Business Name: Last First Middle Social Security No. Address: Street City State Zip Phone: () Business Name: Street City State Zip Phone: () Business 9. This store will be: (Check appropriate box.) Business 9. This store will be: (Check appropriate box.) Business 10. If Tenant is moving to this location and will close present location. D. An additional store in a chain of stores. 10. If Tenant has other locations or prior retail locations, list current and past locations and historical sales volume for past 4 years. a. Name of Center: Street City State Zip Sales History: 1999 \$ 2000 \$ 2001				=	-	tion		
(Attach Copy if Available) 5. If Limited Liability Company, Date of Formation:	4	•						
(Attach Copy if Available) 6. If a Partnership: Date of Partnership Agreement: State of	4.			State 0				
6. If a Partnership: Date of Partnership Agreement:	5.				State of			
(Attach Copy if Available) 7. Federal Employer Tax Identification #:		(
8. Guarantors under the Lease Agreement shall be: Name: Last First Middle Social Security No. Address: Street City State Zip Phone: () Residence Business Name: Last First Middle Social Security No. Address: Street City State Zip Phone: () State Zip Phone: () Business Name: Residence Gity State Zip Phone: () Business 9. This store will be: (Check appropriate box.) A. Sole location of tenant. B. Second location of tenant. C. Tenant is moving to this location and will close present location. D. An additional store in a chain of stores. 10. If Tenant has other locations or prior retail locations, list current and past locations and historical sales volume for past 4 years. a. Name of Center: Location: Street City State Zip Sales History: 1999 \$, 2000 \$, 2001 \$	6.	· · · · · · · · · · · · · · · · · · ·	nt:	_	State of			
Name:	7.	Federal Employer Tax Identification #:		<u> </u>				
Address: Street Street City State Zip Phone: () Residence Name: Last First Middle Social Security No. Business Business Address: Street City State Zip Phone: () Residence Street City State Zip Phone: () Residence Business 9. This store will be: (Check appropriate box.) A. Sole location of tenant. B. Second location of tenant. B. Second location of tenant. C. Tenant is moving to this location and will close present location. D. An additional store in a chain of stores. 10. If Tenant has other locations or prior retail locations, list current and past locations and historical sales volume for past 4 years. a. Name of Center: Location: Street Sales History: 1999 \$, 2000 \$, 2001 \$	8.		e:					
Street City State Zip		Last	First		Middle		Social Secur	ity No.
Residence Name:		Street		City	()		State	Zip
Last First Middle Social Security No. Address: Street City State Zip Phone: ()		Residence			//		Business	
Street City State Zip Phone: ()		•	First		Middle		Social Secur	ity No.
Residence 9. This store will be: (Check appropriate box.) A. Sole location of tenant. B. Second location of tenant. C. Tenant is moving to this location and will close present location. D. An additional store in a chain of stores. 10. If Tenant has other locations or prior retail locations, list current and past locations and historical sales volume for past 4 years. a. Name of Center: Location: Street Sales History: 1999 \$, 2000 \$, 2001 \$, 2001 \$, 2001 \$, 2001 \$, 2001 \$, 2001 \$, 2001 \$, 2001 \$, 2001 \$, 2001 \$, 2001 \$, 2001 \$, 2001 \$				City			State	Zip
9. This store will be: (Check appropriate box.) A. Sole location of tenant. B. Second location of tenant. C. Tenant is moving to this location and will close present location. D. An additional store in a chain of stores. 10. If Tenant has other locations or prior retail locations, list current and past locations and historical sales volume for past 4 years. a. Name of Center: Location: Street Street City State Zip Sales History: 1999 \$, 2000 \$, 2001 \$		Phone: ()			()_		Rusiness	<u> </u>
□ A. Sole location of tenant. □ B. Second location of tenant. □ C. Tenant is moving to this location and will close present location. □ D. An additional store in a chain of stores. 10. If Tenant has other locations or prior retail locations, list current and past locations and historical sales volume for past 4 years. a. Name of Center:	9.						Dadiilodd	
C. Tenant is moving to this location and will close present location. D. An additional store in a chain of stores. 10. If Tenant has other locations or prior retail locations, list current and past locations and historical sales volume for past 4 years. a. Name of Center: Location: Street City State Zip Sales History: 1999 \$, 2000 \$, 2001 \$ Landlord: Contact:		A. Sole location of tenant.						
D. An additional store in a chain of stores. 10. If Tenant has other locations or prior retail locations, list current and past locations and historical sales volume for past 4 years. a. Name of Center:		□ B. Second location of tenant.						
10. If Tenant has other locations or prior retail locations, list current and past locations and historical sales volume for past 4 years. a. Name of Center:		☐ C. Tenant is moving to this location a	nd will close prese	ent locatio	n.			
a. Name of Center:		☐ D. An additional store in a chain of _	stores.					
Location: City State Zip Sales History: 1999 \$	10.	If Tenant has other locations or prior retail locati	ons, list current a	nd past lo	cations and h	istorical sales	volume for pas	st 4 years.
Location: City State Zip Sales History: 1999 \$		a. Name of Center:						
Street City State Zip Sales History: 1999 \$, 2000 \$, 2001 \$ Landlord: Contact:								
Landlord: Contact:		Street			City			
						2001	\$	
Phone: () Store Open Since:								
		Phone: ()			Store Open	Since:		

	Location:									
	·									
		Street					City		State	Zip
	Sales History:	1999	\$		2000	\$		2001	\$	•
							Contact:			
	Phone: ()					Store Oper	n Since:		
C.										
	Location:									
		Street					City		State	Zip
	Sales History:		\$		2000	\$	•	2001	\$	•
									<u> </u>	
	Phone: ()					·			
1 Antic	cipated Date to O								AM to	
	e to be Managed							110013		
2. 31016	e to be ivialiaged	Бу	Last			First			Middle	
Цом	many haura nari	wook wi		dvod:			houro	Dave r		a ha anan
	many hours per									
	ant has been oper									118 III
4. Tena	ant shall use the p	premises	s to sell:							
- -	L (. / N / L L L L									
5. Prod	lucts/Merchandise	e to be o	carried:							
	cipal Suppliers of									
Com	pany/Contact Na	me:								
Addr	ess:									
		Street				City			State	Zip
Phor	ne: ()									
Com	pany/Contact Na	me:								
Addr	ess:									
		Street				City			State	Zip
Phor	ne: ()									
Com	pany/Contact Na	me:								
	ess:									
		Street				City			State	Zip
Phor	ne: ()									
	your principal bus	iness a	ctivities for the n	ast five v	ears Includ	le anv nr	ior retail expe	rience of the	owners/manage	r for the
-	ation of this store		=	-					owner o/manage	1 101 1110
Орсп		-								
Com	ipany					\ ddrog	20			
						Addres				
Гуре	e of Business					Т-				
	loyee From					10	1.0.1			
Posii	tion					Annua	Salary			
	ervisor					Teleph	ione () _			
Desc	cribe Duties, Resp	oonsibili	ties and Number	r of Empl	oyees Supe	rvised: _				
	ipany					Addres	SS			
Турє	e of Business									
Emp	loyee From					To				
	tion					Annua	l Salary			
Supe	ervisor									
Desc	cribe Duties, Resp	onsihili	ties and Number	of Empl	ovees Sune					
_ 550				·) - 3 - 3 - PO	- 				

	List the names of three (3) personal, business or supplie Name:		ces. Permission is granted to conta Contact:		ving:
	Address:Street	City		State	Zip
	Phone: ()		Contact:		
	Address:				
	Street	City		State	Zip
	Phone: ()	,			'
	Name:		Contact:		
	Address:				
	Street	City		State	Zip
	Phone: ()	J.,		01010	—·F
	List the name of Tenants' principal Bank References. Pe	— ermissior	is granted to contact the following:		
	Bank Name:		Contact:		
	Address:				
	Street	City		State	Zip
	Phone: ()	Oity		Olale	Ζip
		_	Savings		_ Other Accounts
	Bank Name:	_	Contact:		
	Address:	0:1		01.1.	7.
	Street	City		State	Zip
	Phone: ()				
	Accounts: Checking				Other Accounts
	Bank Name:		Contact:		
	Address:				
	Street	City		State	Zip
	Phone: ()				
			Savings		Other Accounts
19.	How do you intend to finance your store improvements, f	ixtures, a	and inventory?		
	Source of additional financing:				
	Has a loan been approved: Yes	No			
	Name of Company/Contact:		Phone: (_)
	List the name of your insurance carrier for General Liabil				
	Company:		Contact:		
	Address:		Contact.		
	Street	City		Stato	Zin
		City		State	Zip
	Phone: ()				
	List the name of your Accountant and Lawyer:		O a rata att.		
	Company:		Contact:		
	Address:				
	Street	City		State	Zip
	Phone: ()				
	Company:		Contact:		
	Address:				
	Street	City		State	Zip
	Phone: ()				
22.	What are your estimates of annual sales volume for the f	first two	years:		
	1) \$	•	2) \$		
	How do you plan to advertise your business?				
0.4	Milestin constitution and a short Color by 100				
24.	What is your first year's advertising budget?				
25.	What plans do you have to merchandise your store wind	ows and	how will you do this?		
	_				

Statement is true and correct. This information has been Retail Advisors' clients to rent to me (us) in your sho	his application and accompanying Personal Financial en given to you for the purpose of inducing Commercial apping center. I (we) authorize such investigation and hil Advisors, LLC, or its clients, and release from liability
Signature	Date
Signature	Date