

RE: Perspective Tenant Interest

We are enclosing a copy of a form to give us some more information about you and your business. Please review and fill out for yourself and any partners that may be involved. Fill in all parts for all involved persons.

We will use it to evaluate your interest and application in our property. If you have any questions please do not hesitate to call or email us below.

Sincerely,

Bob

Robert A. Rosenberg, CCIM

P L E A S E , P R I N T C L E A R L Y !

RETAIL PROSPECTIVE TENANT QUESTIONNAIRE

Tenant Name: _____

Tenant Name (if applicable): _____

Tenant Address: _____

Property of Interest: _____

Cities of Interest: _____

1. How many present stores in operation? _____

2. Appropriate gross sales of these stores? _____

3. Estimated gross sales for proposed location? _____

4. What percentage of gross sales is your advertising budget? _____

5. How and where do you plan to promote? _____

6. What will it cost you to fixturize? _____

How will you finance? _____

7. What will inventory cost you? _____

How will you finance? _____

8. Any other start up costs? _____

How will you finance? _____

9. What are your expansion plans for the future? _____

10. Why do you think you will be successful in this location? _____

11. If two or more persons attach partnership or operating agreement. _____

Signature: _____

Name of person filling out the form, if other than prospective Tenant

Date: _____

FINANCIAL APPLICATION

Name: _____ Social Security Number: _____
Drivers License Number: _____
Spouses Name: _____ Social Security Number: _____
Drivers License Number: _____
Number of Dependents: _____
Present Home Address: _____ How Long? _____
Phone #: _____
Previous Home Address: _____ How Long? _____
Employed By: _____ How Long? _____
Address: _____ Phone #: _____
Position: _____
Previous Employer: _____ How Long? _____
Spouse's Employer: _____ How Long? _____

PERSONAL FINANCIAL STATEMENT

ASSETS		LIABILITIES	
CASH IN BANK:		ACCOUNTS PAYABLE:	
CASH ON HAND:		NOTES PAYABLE:	
NOTES RECEIVABLE:		LOAN FROM BANK:	
ACCOUNTS RECEIVABLE:		TAXES PAYABLE:	
INVENTORY:		OTHER LIABILITIES DUE WITHIN ONE YEAR:	
TOTAL CURRENT ASSETS:		TOTAL CURRENT LIABILITIES:	
REAL ESTATE (DETAIL IN SCH. A):		R.E. MORTGAGES (DETAIL IN SCH. A):	
MACHINERY AND FIXTURES:		NOTES & BILLS PAYABLE AFTER ONE YEAR:	
STOCKS AND BONDS (DETAIL IN SCH. B):		OTHER LIABILITIES:	
AUTO (S) MAKE:			
CASH SURRENDER VALUE OF LIFE INSURANCE:			
OTHER ASSETS (DETAIL IN SCH. B):		TOTAL NON-CURRENT LIABILITIES:	
TOTAL NON-CURRENT ASSETS:		NET WORTH:	
TOTAL ASSETS:		TOTAL LIABILITIES AND NET WORTH:	

Attach 3 months statements of each bank for verifying cash

SCHEDULE A-REAL ESTATE

LOCATION & TYPE OF IMPROVEMENT	TITLE IN NAME OF	ESTIMATED VALUE	AMOUNT OWING	TO WHOM PAYABLE

SCHEDULE B - STOCKS, BONDS AND OTHER ASSETS

DESCRIPTION	VALUE
	\$
	\$
	\$
	\$
	\$

REQUIRED GENERAL BUSINESS PLAN INFORMATION

RETAIL PROSPECTIVE TENANT QUESTIONNAIRE

Description of Business (*this form to be completed in full*)

- General description of proposed operation.
- Identify nature of business (i.e., traditional, promotional, discount, specialty, etc.).
- List products and/or services to be sold.
- Identify targeted price points/ranges.
- Description of the consumer the business will be targeting.
- Identify in detail the business management and employee personnel.
- Description of advertising and promotional including a detailed budget, initial grand opening and for the first year of operation.

Itemized Start-up Costs

- Detailed cost breakdown of Tenant Improvements including fixturation. The cost of any furniture and/or equipment and the business cost of the initial inventory.

Description of Interior Décor

- Floor plan of interior layout.
- Sample board of the color and materials to be used for the floor and wall coverings.
- Description of interior design theme.

PERSONAL FINANCIAL BACKGROUND/STATEMENTS

- Fully complete financial application.
- Provide past two (2) years of completed tax returns. Include past two (2) years of profit and loss statements of existing business operations.

BUSINESS BACKGROUND EXPERIENCE

- Fully complete the business background form.

FIRST YEAR'S NET OPERATING EXPENSE SPREAD SHEET

- Fully complete income and expense worksheet.
-

SCHEDULE OF NOTES PAYABLE

Specify any assets pledged as collateral, indicating the liabilities they secure.

TO WHOM PAYABLE	DATE	AMOUNT	DUE	INT.	ASSETS PLEDGED AS SECURITY

CREDIT REFERENCES

1. Bank Name: _____ Phone #: _____
Bank Address: _____

Checking #: _____ Savings #: _____

2. Bank Name: _____ Phone #: _____
Bank Address: _____

Checking #: _____ Savings #: _____

INSURANCE

Life Insurance: \$ _____ Company Name: _____
Beneficiary: _____

AUTOMOBILE INSURANCE

Public Liability: ☐ Yes ☐ No
Comprehensive Liability: ☐ Yes ☐ No
Property Damage: ☐ Yes ☐ No

ANNUAL INCOME

Salary: _____
Salary (spouse): _____
Securities Income: _____
Rentals: _____
Other (describe): _____
1. _____
2. _____
3. _____
4. _____
5. _____

ANNUAL EXPENDITURES

(Exclude ordinary living expenses)

Real Estate Payments: _____
Rent: _____
Income Taxes: _____
Insurance Premiums: _____
Property Taxes: _____
Other: (describe installment payments other than real estate)
1. _____
2. _____
3. _____
4. _____

TOTAL INCOME: _____

TOTAL EXPENDITURES: _____

***PLEASE ENCLOSE A COPY OF MOST RECENT FEDERAL INCOME TAX RETURN**

I/We hereby authorize **CORDANO COMPANY** to verify all information on this application by contacting the sources listed herein or any sources available. I/We understand that information that does not verify, or cannot be verified, may result in this application not being approved. The undersigned certifies that the above statement and supporting schedules, both printed and written, give full, true and correct statement of the financial condition of the undersigned as of the date indicated.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

BUSINESS BACKGROUND

Telephone Numbers:

NAME: _____ Home: _____

Business: _____

DBA: _____ Fax: _____

ADDRESS: _____

BUSINESS LOCATIONS

Store Locations	Time/Years at Location	Annual Gross Sales
1.		
2.		
3.		
4.		
5.		

Note: Please include a copy of current profit and loss statements

THREE CREDIT REFERENCES

Name	Address	Telephone
1.		
2.		
3.		

OTHER PERTINENT BUSINESS EXPERIENCE APPLICABLE TO PROPOSED STORE

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

AUTHORIZATION FOR TRW CREDIT CHECK

Please complete the following information: (print clearly)

Your Name: _____
First Last Initial

Your Social Security Number: _____ Date of birth: _____

Spouse's Name: _____
First Last Initial

Spouse's Social Security Number: _____ Date of birth: _____

Residence Address: _____
Street Address

City State Zip

Previous Address*: _____

* If spouse previous address is different, must also include

Federal legislation requires that any person(s) about whom a routine inquiry is being made to provide information concerning credit, character and general reputation, be so advised and give written authority to do so.

I/We have been so advised and hereby give my/our written authority:

Name: _____ Date: _____

Name: _____ Date: _____