



ARGALI

COMMERCIAL REAL ESTATE SERVICES

APPLICATION FOR LEASE

Name: _____ Home Phone: _____

Residence Address: _____ Business Phone: _____

Soc. Sec. #: _____

Drivers License #: _____

FEIN: _____
(if applicable)

Company Name: _____

(Circle One) Corporation LLC Partnership Sole Proprietor

Trade Name: _____

What kind of business do you propose to run?

Present business or profession: _____

Salary (annual) _____ Will this income continue? _____

Other income (annual) _____

May we contact your present employer? Yes _____ No _____

Should we contact you first? Yes _____ No _____

Employer's name and address: _____

Phone No. _____

Business Experience – Retail

Describe fully the business operations and your roles; indicate dates:

Other Work Experience:

Describe fully your current or past business operations and your roles; indicate dates:

If you have other businesses, please provide pertinent operating statements for the last twenty-four (24) months, where possible.

Will you have a continuing role in these businesses? If so, what will that role be?

How will you operate your new business at our property? Who will manage? How many employees will you need?

If your business is a corporation, partnership or joint venture, please describe its legal and financial structure.

Have you prepared a budget? If so, what are your projected earnings and expenses for your first three (3) years at this location? Please prepare a three (3) year business plan.

What improvements do you plan to make to the premises (fixtures, carpeting, etc.) and at what cost? How will improvements be financed?

Describe your anticipated start-up operating expenses at the new location and list amounts (include inventory, supplies, initial payroll costs, insurance, etc.):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

How will you finance your start-up expenses?

Have you hired an architect or general contractor? If so, what are their names?

Current Financial Statement(s)

- I. Personal: Where a partnership, joint venture or corporation is involved, the appropriate financial statement should be supplied.
- II. Business: If several businesses or individuals are involved, supply separate individual financial statements where possible.

***Provide copies of past three (3) years Federal Income Tax Returns from individual(s) and entity to be considered for lease. Also we will need verification on liquid assets.**

Bank managers and loan officers (include phone numbers):

Business Landlords (include phone numbers):

Suppliers (include address, phone numbers and account numbers):

Please include a means of verification of all items on the attached financial statement; i.e. account number, tax bills and returns, inventories, etc.

References

Banks, savings and loan, and mortgage companies: state account numbers and sign for the proper authority to confirm the account to us.

X

Name: _____ Account # _____

Bank: _____ Phone No. _____

Address: _____

Name: _____ Account # _____

Bank: _____ Phone No. _____

Address: _____

Name: _____ Account # _____

Bank: _____ Phone No. _____

Address: _____



ARGALI

COMMERCIAL REAL ESTATE SERVICES



ARGALI
COMMERCIAL REAL ESTATE SERVICES

Personal Financial Statement
Confidential

Date _____

Applicant

Name _____ Soc. Sec.# _____ Date of Birth _____

Residence: Street _____ City _____ State ___ Zip _____ Years There _____

Position/Occupation _____

Employer _____ Years There _____

Street _____ City _____ State ___ Zip _____

Telephone: Business (area code) () _____ Residence (area code) () _____

Co-Applicant

Name _____ Soc. Sec.# _____ Date of Birth _____

Residence: Street _____ City _____ State ___ Zip _____ Years There _____

Position/Occupation _____

Employer _____ Years There _____

Street _____ City _____ State ___ Zip _____

Telephone: Business (area code) () _____ Residence (area code) () _____

Date of Will _____ Executor _____ No. of Dependents _____

(Do not complete if this an application for individual unsecured credit.)

Marital Status	Applicant	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including Single, Divorced or Widowed)
	Co-Applicant	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including Single, Divorced or Widowed)

For the purposes of procuring and maintaining credit with you, (I) (we) submit this Personal Financial Statement as a true and complete statement of (my) (our) personal financial condition, and details relating thereto as of the _____ day of _____, 20_____

(I) (We) agree, if any material change occurs, to immediately notify you, and unless you are so notified you may continue to rely upon this statement. You are authorized to share any information in this application with any other institution which is your parent, subsidiary or affiliate. (I) (We) authorize you to make whatever credit inquiries you may deem necessary in connection with this credit application.

Date _____ Applicant _____

Co-Applicant _____

Schedule A: Cash and Short Term Investments (including Certificates of Deposit, Commercial Paper, Money Market Funds, etc.)

Names of Institutes	Savings Accounts	Checking Accounts	Other Short-Term Investments	Owner (Applicant/Co-Applicant)	Total
	\$	\$	\$		\$

Please enter total on Balance Sheet \$ _____

Schedule B: Stocks, Bonds, Government Securities

No. of Shares or Par Value of Bonds	Description	Restricted (R)	Pledged (P)	Owner (Applicant/Co-Applicant/Joint)	L = Listed U = Unlisted	Cost	Market Value
						\$	\$

Please enter total on Balance Sheet \$ _____

Schedule C: Notes and Accounts Receivable

From Whom	Original Amount	Monthly Payments	Maturity Dates	Interest Rates	Description of Collateral (if any)	Pledged (P)	Balances Due
	\$	\$					\$

Please enter total on Balance Sheet \$ _____

Schedule D: Insurance – Life (Group, Whole) and Disability

Do you have: Major Medical _____ Property and Casualty _____ Disability _____

Group/Whole Life Amounts	Name of Companies	Beneficiaries	Owner	Policy Loans Outstd.	Gross Cash Value
				\$	\$

Please enter total on Balance Sheet \$ _____ \$ _____

Term Policies:	Beneficiaries	Owner
Disability Policies:	Beneficiaries	Owner

Schedule E: Real Estate Owned – Personal Use

Address of Property <i>and</i> Name of Mortgage Holder	Title In Name Of	Date Purchased	Cost	Amount Owed	Mortgage Maturity	Market Value
			\$	\$		\$

Please enter total on Balance Sheet \$ _____ \$ _____

Schedule F: Vested Interest in Deferred Compensation/Profit-Sharing Plans/IRA's

Company Name	% Vested	Applicant /Co- Applicant	Manner of Payout (Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount
						\$

Please enter total on Balance Sheet \$ _____

Schedule G: Unlisted Securities Owned

Description of Securities	Owner (Applicant / Co-Applicant / Joint)	No. of Shares Owned	% Ownership	Pledged (P)	Book Value	
					(As of Date)	Amount
						\$

Please enter total on Balance Sheet \$ _____

Schedule H: Real Estate Owned for Investment Purposes

A. Owner B. Purchase Date C. \$	Address of Property (Indicate C if Under Contract, UC if Under Construction, or R if Rental Property)	Type of Property	% Owned	Present Market Value	Amount of Mortgage & Liens	Gross Rental Income	Mortgage Payments	Taxes, Ins. Maintenance and Misc.	Net Rental Income
A. B. C. \$	Address _____ Lender Lender's Address			\$	\$	\$	\$	\$	\$
A. B. C. \$	Address _____ Lender Lender's Address								
A. B. C. \$	Address _____ Lender Lender's Address								

Please enter total on Balance Sheet \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Schedule I: General and / or Limited Partnership Interest

Name of Partnership	Type of Investment	Limited – L General - G	Amount Vested	Fair Market Value of Partnership Interest
			\$	\$

Please enter total on Balance Sheet \$ _____

Schedule J: Notes and Accounts Payable

To Whom	Original Amount and Start Date	Monthly Payment	Maturity Date	Interest Rate	Description of Collateral (if any)	Balance Owing
	\$	\$				\$

Please enter total on Balance Sheet \$ _____

Additional Information: Unexercised Company Stock Options

Name of Company	Expiration Date	No. of Shares	Total Market Value (# of Shares x Mkt. Price)	Total Exercise Cost (# of Shares x Exercise Price)	Market Price (Total Mkt. Value – Exercise Cost)
			\$	\$	\$

Do you have any CONTINGENT LIABILITIES (such as guarantor, endorser on notes, on leases, on contracts, or letters of credit)?
 Yes No. If yes, give details:

Have you included, above, any assets that are doubtful or uncollectible? Yes No. If yes, give details:

Are any of your assets pledged, loaned or hypothecated? Yes No. If yes, give details:

Are you currently involved in any lawsuits? Yes No. If yes, give details:

Do you have any unpaid tax liabilities (other than for accrued assets, taxes not yet payable)? Yes No. If yes, give details:

Have you been declared bankrupt in the last seven (7) years? Yes No. If yes, give details:

BALANCE SHEET

(Please Complete Additional Schedules As Needed)

Assets	Applicant	Co-Applicant	Joint	Total
*Cash and Short-Term Investments (Sched. A)	\$	\$	\$	\$
*Stocks and Bonds (Readily Marketable) (Sched. B)				
*Cash Value – Life Insurance (Sched. D)				
*Other Liquid Assets				
Total Liquid Assets	\$	\$	\$	\$
*Notes Receivable (Expected within 1 year) (Sched. C)				
*Accounts Receivable (Expected within 1 year) (Sched. C)				
*Vested Profit-Sharing Benefits/Deferred Compensation (Sch. F)				
*IRA/KEOGH Accounts				
*Stocks and Bonds (Not Readily Marketable) (Sched. G)				
Real Estate Owned (Sched. E)				
Business Interests (Equity):				
Real Estate Owned for Investment (Sched. H)				
General and/or Limited Partnership Interests (Sched. I)				
Personal Property:				
Other Assets				
Total Assets	\$	\$	\$	\$
Liabilities	Applicant	Co-Applicant	Joint	Total
Notes Payable to Banks – Secured (Sched. J)				
Notes Payable to Banks – Unsecured (Sched. J)				
Notes Payable to Others (Sched. J)				
Outstanding Credit Card Balances				
Other Accounts Payable (Sched. J)				
Amounts Owing to Brokers				
Taxes and Interest Payable (Unpaid by Accrued)				
Policy Loans (Life Insurance) (Sched. D)				
Mortgages and Obligations on Real Estate Owned (Sched. E)				
Mortgages and Obligations on Invest. Real Estate Owned (Sched. H)				
Other Liabilities:				
Total Liabilities	\$	\$	\$	\$
Net Worth (Total Assets minus Total Liabilities)	\$	\$	\$	\$

***VERIFICATION OF CURRENT STATEMENTS MUST BE PROVIDED!**

INCOME STATEMENT

Annual Income	Previous Year		Expected Current Year	
	Applicant	Co-Applicant	Applicant	Co-Applicant
Salary	\$	\$	\$	\$
Self Employment				
Bonus and Commissions				
Interest				
Dividends				
Capital Gains				
Real Estate (NET)				
Trust Income				
Pension/Annuity Income				
Other Income*				
*Alimony, Separate Maintenance, Child Support, May, But Need Not Be, Included				
Totals	\$	\$	\$	\$

Fixed and Variable Expenses	Previous Year		Expected Current Year	
	Applicant	Co-Applicant	Applicant	Co-Applicant
Home Mortgage Expense (Principal and Interest)	\$	\$	\$	\$
Loan/Lease Payments (Excluding Home Mortgages)				
Property Taxes				
Income Taxes (Federal, State, Local)				
Other Taxes				
Insurance Expenses				
Alimony, Child Support/Maintenance				
General Living Expenses				
Other Expenses				
Totals	\$	\$	\$	\$

Is any income listed in this section likely to be reduced before the credit requested is repaid? ___ Yes ___ No. If yes, give details:

Are you either an Executive Officer, Director, or Principal Shareholder of a bank that has a correspondent banking relationship with us? ___ Yes ___ No. If your answer is 'yes', please tell us the name of this bank _____.

