

CREDIT REVIEW

Prospective Tenant:

Thank you for your interest in leasing space with Dinerman Group, LLC. We perform a thorough credit evaluation of our tenants and request that you provide us with the following:

Entities:

- Complete a Lease Application (Form included)
- Previous two years' year-end balance sheet and income statement
- Most recent year-to-date balance sheet and income statement
- Build-out budget for proposed space (updated and more specific as we move to lease execution)
- Business Plan (if a start-up, a forecast of income and expenses should be made showing the first year(s) of operation, noting funding sources)
- \$75 Lease Application Fee (non-refundable) paid by check or online at dinerman.twa.rentmanager.com/applynow

Individuals/Guarantors (personal guarantees will be required if not an existing business or inadequate signing entity):

- Complete Lease Application (Form included)
- Last two years' personal tax returns (support schedules unnecessary)
- Personal financial statement (form included)
- Supporting documentation for any listed assets on your personal financial statement (recent bank and brokerage statements, real estate tax assessments, etc.)
- Copy of current Driver's License
- \$75 Lease Application Fee (non-refundable) paid by check or online at <u>dinerman.twa.rentmanager.com/applynow</u>

All information will be kept strictly confidential. Timely submission of ALL documentation will hasten the leasing process. Information can be submitted via e-mail, facsimile, or postal service (please indicate tenant name and property in all correspondence):

Dinerman Group, LLC 581 Village Trace NE Building 12A-Suite 250 Marietta, GA 30067 Fax: (404) 631-6352 Justin@dinermangroup.com

We appreciate the opportunity to serve your needs.

Best Regards,

Dinerman Group, LLC



		ME: Phone:							
		ess:							
City, S	State, Zip	D:							
E-mai	1 address	Years in Business:Years at Current Location:							
Size of	f Current	t Premises: Current Rent: Number of Employees:							
Preser	it Landio	ord:Phone:							
Proposed Use of Premises:									
	-								
Түре	OF BUSI	NESS ORGANIZATION: (Complete A, B or C) [Please attach Financial Information noted below.]							
A.	SOLE I	Proprietorship:							
	1.	Owner's Name: Phone:							
		Residence Address:Zip Code:							
		Owner's Name: Phone: Residence Address: Zip Code: Do you Own or Rent ? Social Security No: Driver's License No:							
B.	PARTN	NERSHIP:							
	1.	Name: Social Security No.:							
		Residence Address:							
		Phone:							
	2.	Name: Social Security No.:							
		Residence Address:							
		Phone:							
true and termina <i>individa</i>	d correct. ited at any <i>ual credit ii</i>	you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are If any information herein contained is false, the lease made on strength of this application may, at the option of Landlord, be time. By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business and information, now or any time during the lease term. Print Name: Date: Date:Date:Date:Date:Date:Date:Date:Date:							
С.	CORPO	ORATION: Federal Tax ID: Date Incorporated: State of Incorp.:							
	Par-	rent Corp.: Division/Subsidiary of:							
	Corpo	DRATE OFFICERS:							
	1.	Name: Title:							
		Residence Address:							
		Phone:							
	2.	Name:Title: Residence Address:							
		Phone:							
foregoin lease m <i>to verif</i> Signat	ng application ade on stre Sy <i>the above</i> ture:	y, you hereby declare that you have been given authority by the Corporation listed above to represent the facts contained in the tion, and that these facts are considered part of the lease and are true and correct. If any information herein contained is false, the ength of this application may, at the option of Landlord, be terminated at any time. By signing below, you authorize the Landlord e statements including, but not limited to, business credit information, now or any time during the lease term. Date:							
Print 1	Name:	Title:							

	Social Security No.:						
a contained is false, the lease made on ou authorize the Landlord to verify the asse term.	strength of this application ma above statements including, bu	ay, at the option of Landlord, be at not limited to, individual credit					
Print Name:	Print Name:						
Print Name:	Print Name:						
Branch:	ch: Account No.:						
Account No.	Phone	Contact					
	he representation of facts contained in the contained is false, the lease made on a contained is false, the lease made on a contained is the contained is the contained is the contained is the contained of the c	Social Secur he representation of facts contained in the foregoing application are co contained is false, the lease made on strength of this application ma out authorize the Landlord to verify the above statements including, but use term. Print Name: Print Name: Print Name: Print Name: Account No. Branch: Account No. Account No. Phone					

FINANCIAL INFORMATION:

ENTITIES:

2 Years of business financial statements, including balance sheet and income statements, prepared by and independent account.



Authorization for entering into the transaction.

INDIVIDUALS:

2 Years of personal tax returns.



A personal financial statement, prepared by an independent accountant.

Verification of current assets – copies of investment accounts, banking references.

Personal Financial Statement

Answer all questions using "no" or "none" where necessary. Please begin by completing schedules on reverse side.

Personal Information			Date of statement
Name (first, middle, last)		Birthdate	Social security number
Home address (include apt.)		City, State, Zip	How long?
Phone number	Fax number	E-mail address	
Business/Employer		Title/Position	How long?
Business address		City, State, Zip	Phone number
Do you have any dependents? If yes, list ages		Do you have a will? If yes, name of executor	
Have you ever taken bankruptcy? If yes, explain		Are you a defendant in any suits or legal actions?	
Joint statement, list names of individuals whose assets, liabilities and included	d income are		
Present Landlord (if applicable) Address & Phone number			
Assets		Liabilities	
Cash, on hand and unrestricted in banks from below	\$	Notes payable to banks Schedule 1	\$
Accounts/Notes-receivable Schedule 2	\$	Notes and accounts due others Schedule 1	\$
Cash surrender value life insurance. (Do not deduct loans) Schedule 3	\$	Loan(s) against life insurance Schedule 3	\$
Listed (AMEX, NYSE) stocks, bonds, US Govt. Securities Schedule 4	\$	Brokers margin accounts	\$
Other stocks and bonds Schedule 4	\$	Taxes accrued but unpaid	\$
Real Estate at cost or market value Schedule 5	\$	Mortgages payable on real estate Schedule 5	\$
Automobiles	\$		\$
	\$		\$
	\$		\$
Other assets - itemize	\$	Other liabilities - itemize	\$
	\$		\$
	\$		\$
	\$ \$		\$ \$
Total Assets	\$	Total Liabilities	\$
Net Worth Subtract your total liabilities from total assets and enter f			Ŷ
Contingent Liabilities As guarantor or co-maker, legal claims on leases or contracts			
Income Information		Banking Relationships	
Alimony, child support or separate maintenance income need not			
do not wish to have it considered as a basis for repaying this oblig	gation Monthly - Ani	Name and address of bank	Cash
	¢		
Salary (Gross)	\$ \$	Single (S) Joint (J) Trust (T)	Balance
Bonus and commissions, dividends, interest	<u> </u>		\$
Rental Income	\$ \$		\$\$ \$
Other - itemize	<u>م</u> \$		
Total Income	\$	Total Cash (list in Assets above)	\$
	Ψ		Ψ

I warrant that there is no judgment against me nor lien unsatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining credit. Dinerman Group, LLC is authorized to check my (our) credit and employment history, and to answer questions about its credit experience with me (us). With joint credit, all applicants must sign.

		(Seal)			(Seal)
Date	Signature		Date	Signature	

Please Complete Schedules on Reverse Side



Supplementary Schedules (Take totals to front)

Schedule 1	Debts/Credit Line	es (Include home equity a	and any other op	en-end revolving credit,	even	if unused)					
			Endorsement or			Credit		Original		Unpaid	Monthly
Name and address of bank			collateral (describe	2)		line		amount		balance	payment
					\$		\$		\$	\$	
					\$		\$		\$	\$	
					\$		\$		\$ \$	<u>\$</u>	
				Total	\$		\$		Þ	\$	
Name and address of	others				\$		\$		\$	\$	
					\$		\$		\$	\$	
					\$		\$		\$	\$	
					\$		\$		\$	\$	
					Ψ		Ŷ		Ŷ	Ŷ	
				Total	\$		\$		\$	\$	
Schedule 2	Accounts, Loans	s, and Notes Receiva	able								
Maturity			Amount	Description or				Description of			Repaymen
Name and address of d	debtor	date	owing	nature of debt				security held			terms
		\$									
		\$									
Total		\$									
		φ									
Schedule 3	Life Insurance					Loans against		Yearly		Type of	Is policy
Face amount				Surrender		policy		premium		policy	assigned?
Name of insured	Beneficiary	Insurance Co.	of policy	value		policy		premium		policy	assigned
		\$		\$	\$		\$				
		\$		\$	\$		\$				
Total		\$		\$	\$		\$				
Schedule 4	Stocks. Bonds a	nd US Government	Securities	Ŧ			Ť				
Description of	Registered	Face value (bonds)		Market		Total		Pledged	Lister	d (L) on NYSE, AME	х
Security	in name of	No of shares (stocks)		value/share		market value		Yes/No		d (U) Government Security (
				\$	¢						
				\$	\$						
				\$	\$						
				\$	\$						
				\$	\$						
				Total Listed	\$						
				Total Unlisted	\$						
Schedule 5	Real Estate				•						
Description or		Date		Market				Original			Monthly
include city		acquired	Cost	value		Tax value		amount		Unpaid balance	payment
\$		uoquirou	5000	\$	\$		\$		\$	\$	
\$				\$	\$		\$		\$	\$	
\$				\$	\$		\$		\$	\$	
Total		\$		\$	\$		\$		\$	\$	
		List names of banks, fina	ance companies or			Account					
Previous Cre	edit References	other concerns where cre	other concerns where credit has been obtained Date			number		Type of account			High credit
Name and address											×