



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)
- \$50 Lease Application Fee

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.)
- \$50 Lease Application Fee

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):

Attn: Credit – Justin Dinerman
1000 Circle 75 Parkway
Suite 630
Atlanta, GA 30339
Fax: (404) 631-6352
Justin@dinermandgroup.com

We appreciate the opportunity to serve your needs.

Best Regards,

Dinerman Group LLC, Leasing:

Justin Dinerman



PROSPECTIVE TENANT CREDIT APPLICATION

COMPANY NAME: _____ Phone: _____
Business Address: _____
City, State, Zip: _____
E-mail address: _____ Years in Business: _____ Years at Current Location: _____
Size of Current Premises: _____ Current Rent: _____ Number of Employees: _____
Present Landlord: _____ Phone: _____
Proposed Use of Premises: _____
Will any Hazardous Materials be Stored or used on the Premises? Yes No If yes, please attach list (i.e. MSDS sheets)

TYPE OF BUSINESS ORGANIZATION: (Complete A, B or C) [Please attach Financial Information noted below.]

A. SOLE PROPRIETORSHIP:

1. Owner's Name: _____ Phone: _____
Residence Address: _____ Zip Code: _____
Do you Own or Rent ? For How Long? _____
Social Security No: _____ Driver's License No: _____

B. PARTNERSHIP:

1. Name: _____ Social Security No.: _____
Residence Address: _____
Phone: _____
2. Name: _____ Social Security No.: _____
Residence Address: _____
Phone: _____

By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of Landlord, be terminated at any time. **By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business and individual credit information, now or any time during the lease term.**

Signature: _____ Print Name: _____ Date: _____
Signature: _____ Print Name: _____ Date: _____

C. CORPORATION: Federal Tax ID: _____ Date Incorporated: _____ State of Incorp.: _____
 Parent Corp.: _____ Division/Subsidiary of: _____

CORPORATE OFFICERS:

1. Name: _____ Title: _____
Residence Address: _____
Phone: _____
2. Name: _____ Title: _____
Residence Address: _____
Phone: _____

By signing below, you hereby declare that you have been given authority by the Corporation listed above to represent the facts contained in the foregoing application, and that these facts are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of Landlord, be terminated at any time. **By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business credit information, now or any time during the lease term.**

Signature: _____ Date: _____
Print Name: _____ Title: _____

LEASE GUARANTOR: _____ Social Security No.: _____
 Residence Address: _____

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Signature: _____ Print Name: _____ Date: _____
 Signature: _____ Print Name: _____ Date: _____

BANK REFERENCES:

Checking: _____ Branch: _____ Account No.: _____
 Savings: _____ Branch: _____ Account No.: _____

CREDIT REFERENCES:	Account No.	Phone	Contact
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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
Home address (include apt.)		City, State, Zip
Phone number		Fax number
Business/Employer		Title/Position
Business address		City, State, Zip
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 income are included		
Present Landlord (if applicable) Address & Phone number		
Assets		Liabilities
Cash, on hand and unrestricted in banks from below	\$	Notes payable to banks
Accounts/Notes-receivable	\$	Schedule 1
Schedule 2	\$	Notes and accounts due others
Cash surrender value life insurance. (Do not deduct loans)	\$	Schedule 1
Schedule 3	\$	Loan(s) against life insurance
Listed (AMEX, NYSE) stocks, bonds, US Govt. Securities	\$	Schedule 3
Schedule 4	\$	Brokers margin accounts
Other stocks and bonds	\$	Taxes accrued but unpaid
Schedule 4	\$	Mortgages payable on real estate
Real Estate at cost or market value	\$	Schedule 5
Schedule 5	\$	
Automobiles	\$	
	\$	
	\$	
Other assets - itemize	\$	Other liabilities - itemize
	\$	
	\$	
	\$	
	\$	
Total Assets	\$	Total Liabilities
		\$
Net Worth		
Subtract your total liabilities from total assets and enter figure to right		
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 be revealed if you do not wish to have it considered as a basis for repaying this obligation		Name and address of bank
	Monthly - Annual	Cash Balance
Salary (Gross)	\$	Single (S) Joint (J) Trust (T)
Bonus and commissions, dividends, interest	\$	
Rental Income	\$	
Other - itemize	\$	
	\$	
Total Income	\$	Total Cash (list in Assets above)
		\$

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.

Date _____ Signature _____ (Seal) _____ Date _____ Signature _____ (Seal) _____

Please Complete Schedules on Reverse Side

Supplementary Schedules (Take totals to front)

Attach additional pages if necessary

Schedule 1 Debts/Credit Lines (Include home equity and any other open-end revolving credit, even if unused)					
Name and address of bank	Endorsement or collateral (describe)	Credit line	Original amount	Unpaid balance	Monthly payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
		Total	\$	\$	\$
Name and address of others			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
		Total	\$	\$	\$

Schedule 2 Accounts, Loans, and Notes Receivable					
Maturity date	Name and address of debtor	Amount owing	Description or nature of debt	Description of security held	Repayment terms
		\$			
		\$			
		\$			
		\$			
		Total	\$		

Schedule 3 Life Insurance									
Face amount	Name of insured	Beneficiary	Insurance Co.	of policy	Surrender value	Loans against policy	Yearly premium	Type of policy	Is policy assigned?
					\$	\$	\$	\$	
					\$	\$	\$	\$	
					\$	\$	\$	\$	
					\$	\$	\$	\$	
					Total	\$	\$	\$	

Schedule 4 Stocks, Bonds and US Government Securities							
Description of Security	Registered in name of	Face value (bonds) No of shares (stocks)	Market value/share	Total market value	Pledged Yes/No	Listed (L) on NYSE, AMEX Unlisted (U) Government Security (G)	
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
			Total Listed	\$			
			Total Unlisted	\$			

Schedule 5 Real Estate								
Description or address to include city and state	Title in name of	Date acquired	Cost	Market value	Tax value	Original amount	Unpaid balance	Monthly payment
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			Total	\$	\$	\$	\$	\$

Previous Credit References					
Name and address	List names of banks, finance companies or other concerns where credit has been obtained	Date	Account number	Type of account	High credit