

LEASE APPLICATION

NAME(S) OF PROPOSED LESSEE(S):

TYPE OF ENTITY

- Individual(s) Partnership Corporation Unincorporated Association Limited Partnership
 Other

NAME AND TITLE OF PRINCIPLES / OFFICERS:

TRADE NAME / NAME OF STORE:

USE OF STORE:

DOES PROPOSED USE INVOLVE HAZARDOUS OR TOXIC MATERIALS, IF YES PLEASE EXPLAIN:

PRODUCTS / MERCHANDISE TO BE CARRIED:

THIS STORE WILL BE: (Check appropriate boxes)

- First Business Venture Second Location of Business Sole Location of Business
 Relocation of Business Additional Store in Chain of _____ Stores

IF RENTING OTHER LOCATION(S), NAME & TELEPHONE NUMBERS OF LANDLORD(S)

ESTIMATION OF SALES VOLUME FOR FIRST TWO YEARS:

First Year \$ _____ Second Year \$ _____

HOW LONG HAS PROPOSED LESSEE OPERATED THE PROPOSED BUSINESS:

DOES PROPOSED LESSEE INTEND TO MAKE TENANT IMPROVEMENTS / ALTERATIONS? IF YES PLEASE EXPLAIN:

NAME(S) OF GUARANTOR(S), IF ANY:

This lease application is provided to Petrovich Development Company (PDC) for its review of my / our business plan and history, and PDC can rely on its contents. I / We authorize you to make whatever inquiries about me / us you deem necessary and appropriate for the purpose of evaluating my / our business plan and history.

SIGNATURE

DATE

SIGNATURE

DATE

PERSONAL FINANCIAL STATEMENT

This is a statement of

- my individual financial condition
 our joint financial condition
 trust financial condition only

As of _____

This statement

- does
 does not

Include assets held in a trust

This statement is completed by

- Lessee
 Guarantor

_____ Tax Return is

- attached
 available upon request
 not available

PERSONAL INFORMATION					
INDIVIDUAL			SPOUSE		
NAME (Last, First, Middle Initial)			NAME (Last, First, Middle Initial)		
PRESENT ADDRESS					
CITY		STATE		ZIP	
RENT / OWN	NUMBER OF YEARS		IF RENTING, NAME & TELEPHONE NUMBER OF LANDLORD		
TELEPHONE	SOCIAL SECURITY NUMBER		TELEPHONE	SOCIAL SECURITY NUMBER	
BIRTHDATE	DRIVERS LICENSE NUMBER		BIRTHDATE	DRIVERS LICENSE NUMBER	
MARITAL STATUS			NUMBER OF DEPENDENTS		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including, single, divorced & widow)					
PREVIOUS ADDRESS (If less than 2 years at present address)					
CITY		STATE		ZIP	
RENT / OWN	NUMBER OF YEARS		IF RENTING, NAME & TELEPHONE NUMBER OF LANDLORD		
EMPLOYER NAME		<input type="checkbox"/> SELF EMPLOYED	EMPLOYER NAME		<input type="checkbox"/> SELF EMPLOYED
EMPLOYER ADDRESS			EMPLOYER ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE	FASCIMILE		TELEPHONE	FASCIMILE	
POSITION / TITLE		HOW LONG?	POSITION / TITLE		HOW LONG?
TYPE OF BUSINESS	YEARS IN THIS PROFESSION		TYPE OF BUSINESS	YEARS IN THIS PROFESSION	
PERSONAL REFERENCE	TELEPHONE		PERSONAL REFERENCE	TELEPHONE	
PERSONAL REFERENCE	TELEPHONE		PERSONAL REFERENCE	TELEPHONE	
PERSONAL REFERENCE	TELEPHONE		PERSONAL REFERENCE	TELEPHONE	

INCOME & EXPENDITURES FOR YEAR

Note: you do not need to list income from spousal support, child support, or separate maintenance unless you want it considered in determining creditworthiness.

GROSS ANNUAL INCOME	INDIVIDUAL	SPOUSE	ANNUAL EXPENDITURES	COMBINED
SALARY	\$	\$	TAXES	\$
BONUSES & COMMISSIONS			REAL ESTATE LOAN PAYMENT / RENT	
INTEREST & DIVIDENDS			HOME RENTAL EXPENSE	
GROSS RENTAL INCOME			OTHER RENTAL / PROPERTY EXPENSES	
PARTNERSHIP INCOME			CREDIT CARD / LOAN PAYMENTS	
OTHER (Describe)			ALIMONY / CHILD SUPPORT	
			OTHER (Describe)	
TOTAL ANNUAL INCOME:		\$	TOTAL ANNUAL EXPENDITURES: \$	

ASSETS AND LIABILITIES

ASSETS	AMOUNT	LIABILITIES	AMOUNT
CASH IN THE BANK OF _____ (Please attach current statement of account)	\$	ACCOUNTS PAYABLE	\$
CASH IN OTHER INSTITUTIONS (Please attach current statement of account)	\$	REVOLVING CREDIT / INSTALLMENT OBLIGATIONS (Schedule 5)	\$
MARKETABLE SECURITIES OWNED (Schedule 4)	\$	NOTES PAYABLE (Schedule 2)	\$
ACCOUNTS RECEIVABLE (Due within 1 year)	\$	LOANS ON LIFE INSURANCE (Schedule 6)	\$
NOTES RECEIVABLE (Schedule 5)	\$	INCOME TAX PAYABLE	\$
CASH SURRENDER VALUE / LIFE INSURANCE (Schedule 6)	\$	PROPERTY TAX PAYABLE	\$
RETIREMENT ACCOUNTS (Market value)	\$	REAL ESTATE DEBT (Schedule 1)	\$
LIMITED PARTNERSHIPS	\$	OTHER LIABILITIES (Attach detail)	\$
REAL ESTATE OWEND (Schedule 1)	\$		
PERSONAL PROPERTY (Including auto)	\$		
OTHER ASSETS (Attach detail)	\$		
TOTAL ASSETS:		TOTAL LIABILITIES:	
	\$		\$
			TOTAL NET WORTH; (Assets less liabilities)
			\$

BANKING

BANK	TYPE OF ACCOUNT / ACCOUNT NUMBER	LOCATION OF BRANCH	CURRENT BALANCE
1.			\$
2.			\$
3.			\$
TOTALS			\$

SCHEDULES – HOW HELD CODES

Please fill in all schedules, entering "NONE" where appropriate. Attach supplemental Schedules as needed. Enter a How Held Code for each asset.

I = Individual	O = Jointly With Other Than Spouse	PTR = Partnership
S = Spouse	ISP = Individual's Separate Property	RT = Revocable Trust
J = Jointly With Spouse	SSP = Spouse's Separate Property	IT = Irrevocable Trust

SCHEDULE #1: REAL ESTATE HOLDINGS

In the "TYPE" column, enter the appropriate property code:

A = Agricultural	SD = Single-Family Dwelling	MD = Multi-Residential Dwelling
C = Commercial / Industrial Property	U = Unimproved Property	

PROPERTY ADDRESS	% OWNED	HOW HELD	TYPE	PURCHASE YEAR	PURCHASE PRICE	PRESENT MARKET VALUE	GROSS MONTHLY RENTAL INCOME
1.					\$	\$	\$
2.					\$	\$	\$
3.					\$	\$	\$
4.					\$	\$	\$
TOTALS						\$	\$

PROPERTY ADDRESS	NAME OF LENDER	INTEREST TYPE FIXED / ADJUST	MATURITY DATE	CREDIT LIMIT / ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT
1.	MORTGAGE(S)	<input type="checkbox"/> F <input type="checkbox"/> A	/	\$	\$	\$
2.	MORTGAGE(S)	<input type="checkbox"/> F <input type="checkbox"/> A	/	\$	\$	\$
3.	MORTGAGE(S)	<input type="checkbox"/> F <input type="checkbox"/> A	/	\$	\$	\$
4.	MORTGAGE(S)	<input type="checkbox"/> F <input type="checkbox"/> A	/	\$	\$	\$
TOTALS				\$	\$	\$

SCHEDULE #2: NOTES PAYABLE

NAME OF LENDER	LOAN TYPE (Secured, Guaranteed, Etc.)	MATURITY DATE	CREDIT LIMIT / ORIGINAL BALANCE	MONTHLY PAYMENT
1.			\$	\$
2.			\$	\$
3.			\$	\$
TOTALS			\$	\$

SCHEDULE #3: REVOLVING / INSTALLMENT CREDIT

TYPE OF CREDIT ACCOUNT	BANK / COMPANY	LOCATION OF BRANCH	CREDIT LIMIT / ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
TOTALS			\$	\$	\$

SCHEDULE #4: MARKETABLE SECURITIES OWNED

HOW HELD	DESCRIPTION (Please attach a current statement of account)	WHERE LISTED	NO. OF SHARES	MARKET VALUE AS OF	PLEGDED?
				\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
				\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
				\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL				\$	

SCHEDULE #5: NOTES RECEIVABLE

HOW HELD	NAME OF DEBTOR	PAYMENT SCHEDULE	MATURITY DATE	COLLATERAL	BALANCE DUE	PLEGDED?
			/ /		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			/ /		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			/ /		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL					\$	

SCHEDULE #6: CASH SURRENDER / LIFE INSURANCE

NAME OF INSURED	PRIMARY BENEFICIARY	FACE AMOUNT	CASH SURRENDER VALUE	LOANS ON POLICY
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTALS		\$	\$	\$

CONTINGENT LIABILITIES: CHECK HERE IF "NONE"

(If yes, complete the following and attach explanation)

AS ENDORSER	\$	AS GUARANTOR	\$	ON DAMAGE CLAIM	\$	LETTER OF CREDIT	\$	OTHER	\$
-------------	----	--------------	----	-----------------	----	------------------	----	-------	----

GENERAL INFORMATION

If the information in this financial statement covers both you and your spouse, these questions apply to both of you. If additional space is needed for explanation, please explain below.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are any assets pledged or debts secured except as shown? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If any assets above are owned by a trust, is a copy of the trust agreement available? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you obtained credit under other names or with other individuals? If yes, please provide names and social security numbers. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever declared bankruptcy or had a judgment against you? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been a principle or guarantor of a firm that declared bankruptcy? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you party to any claims or suits? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you been audited by the IRS in the past three (3) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If yes, has the tax return been finalized with all issues settled? If no, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

This financial statement is provided to PDC for its review of my / our creditworthiness, and PDC can rely on its contents. I / We hereby warrant to PDC that this financial statement is complete and correct as of the date prepared and fairly represents my / our financial condition and that I / We will promptly inform PDC, of any material change in the information provided, including transfer of any assets into a trust. I / We authorize you to make whatever inquiries about me / us you deem necessary and appropriate for the purpose of evaluating my / our credit, including obtaining credit bureau reports and contacting my / our employer(s). I / We authorize PDC to provide credit information about PDC credit experience with me / us to other creditors and credit reporting agencies.

SIGNATURE	DATE	SIGNATURE	DATE
-----------	------	-----------	------