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262 Highway 36 West Keansburg, NJ 07734

Direct: (732) 787-9191

## **Company Verification**

| <b>Legal Company</b>                                                                            | Name:                                                                                                                                                                                                                                |                                                               |                                                              |                                                                                                |                                                                       |  |  |  |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--|--|--|
| DBA:                                                                                            |                                                                                                                                                                                                                                      |                                                               |                                                              |                                                                                                |                                                                       |  |  |  |
| Physical Address:                                                                               |                                                                                                                                                                                                                                      | City:_                                                        |                                                              | State: Zip:                                                                                    |                                                                       |  |  |  |
| Business Phone:                                                                                 | M                                                                                                                                                                                                                                    | obile:                                                        |                                                              | Fax:                                                                                           |                                                                       |  |  |  |
| Email:                                                                                          |                                                                                                                                                                                                                                      | _                                                             |                                                              |                                                                                                |                                                                       |  |  |  |
|                                                                                                 | Equip                                                                                                                                                                                                                                | ment Info                                                     | mation                                                       |                                                                                                |                                                                       |  |  |  |
| Term: 24m                                                                                       |                                                                                                                                                                                                                                      | 8mo.                                                          |                                                              |                                                                                                |                                                                       |  |  |  |
| Equipment Descript                                                                              | i <mark>on:</mark> ]                                                                                                                                                                                                                 | Equipment C                                                   | ost:                                                         | Vend                                                                                           | or:                                                                   |  |  |  |
| Contact Person:                                                                                 | Phone #:                                                                                                                                                                                                                             |                                                               | Bu                                                           | Budgeted Mo. Payment:                                                                          |                                                                       |  |  |  |
|                                                                                                 | Bus                                                                                                                                                                                                                                  | iness Chec                                                    | king                                                         |                                                                                                |                                                                       |  |  |  |
|                                                                                                 |                                                                                                                                                                                                                                      |                                                               |                                                              |                                                                                                |                                                                       |  |  |  |
|                                                                                                 |                                                                                                                                                                                                                                      | Phone:                                                        |                                                              | Contact:Acct#:                                                                                 |                                                                       |  |  |  |
| Annual Business Reve                                                                            | nue: Average Ba                                                                                                                                                                                                                      | Average Bank Balance:                                         |                                                              | Monthly Credit Card Volume:                                                                    |                                                                       |  |  |  |
|                                                                                                 | <u>Lease</u>                                                                                                                                                                                                                         | / Loan Exp                                                    | <u>erience</u>                                               |                                                                                                |                                                                       |  |  |  |
| Company:                                                                                        | Phone:                                                                                                                                                                                                                               |                                                               | Contact:                                                     | Acct#                                                                                          | :                                                                     |  |  |  |
| Company:                                                                                        | Phone:                                                                                                                                                                                                                               |                                                               | Contact:                                                     | Acct#                                                                                          | :                                                                     |  |  |  |
|                                                                                                 | <u> </u>                                                                                                                                                                                                                             | Ownersh:                                                      | ip                                                           |                                                                                                |                                                                       |  |  |  |
| Time in Business: _                                                                             | Business Type:                                                                                                                                                                                                                       | Corp.                                                         | LLC                                                          | Proprietorship                                                                                 | Partnership                                                           |  |  |  |
| Owner 1:                                                                                        | SS# _                                                                                                                                                                                                                                |                                                               |                                                              | % Ownership                                                                                    | Title:                                                                |  |  |  |
| Owner 2: SS#                                                                                    |                                                                                                                                                                                                                                      |                                                               |                                                              | % Ownership                                                                                    | Title:                                                                |  |  |  |
| Owner 3: SS#                                                                                    |                                                                                                                                                                                                                                      |                                                               |                                                              | % Ownership                                                                                    | Title:                                                                |  |  |  |
| instruction to Lessor or its d<br>credit bureau, as well as ob-<br>considering this application | signed individual, who is either principle esignee (and any assignee or potential a caining bank and/or other credit informa subsequently for the purpose of update, imile copy of this authorization shall be application received. | ssignee thereof) a<br>tion as required. S<br>renewal or exten | uthorizing review<br>uch authorizatior<br>sion of such credi | of his/her personal credit p<br>is shall extend to obtaining a<br>t and for reviewing or colle | orofile from a national<br>a credit profile in<br>cting the resulting |  |  |  |
| Member Signature:                                                                               |                                                                                                                                                                                                                                      |                                                               |                                                              | Date:                                                                                          |                                                                       |  |  |  |
| Member Signature:                                                                               |                                                                                                                                                                                                                                      |                                                               | Date:                                                        |                                                                                                |                                                                       |  |  |  |
| Member Signature: _                                                                             |                                                                                                                                                                                                                                      |                                                               |                                                              | Date:                                                                                          |                                                                       |  |  |  |





## PERSONAL FINANCIAL STATEMENT

| U.S. SMALL BUSINESS ADMINISTRATION |  | As | s of | <br>, |  |      |  |
|------------------------------------|--|----|------|-------|--|------|--|
|                                    |  |    | -    |       |  | <br> |  |

| Complete this form for: (1) each pro 20% or more of voting stock, or (4) a | prietor, or (2) each   | limited partner wh           | no owns 20%<br>anty on the lo                  | or more inter                                              | est and each genera      | al partner, or (3) e | each stockholder owning              |  |  |  |
|----------------------------------------------------------------------------|------------------------|------------------------------|------------------------------------------------|------------------------------------------------------------|--------------------------|----------------------|--------------------------------------|--|--|--|
| Name                                                                       | ,                      | Business Phone               |                                                |                                                            |                          |                      |                                      |  |  |  |
| Residence Address                                                          |                        |                              |                                                | Residence Phone                                            |                          |                      |                                      |  |  |  |
| City, State, & Zip Code                                                    |                        |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
| Business Name of Applicant/Borrow                                          | /er                    |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
| A                                                                          | ASSETS                 | (Omit Cer                    | nts)                                           |                                                            | LIA                      | BILITIES             | (Omit Cents)                         |  |  |  |
| Cash on hand & in Banks                                                    | \$                     |                              | Acco                                           | unts Pavable                                               |                          | ;                    | \$                                   |  |  |  |
| Savings Accounts                                                           |                        |                              |                                                | -                                                          | Banks and Others         |                      |                                      |  |  |  |
| IRA or Other Retirement Account                                            |                        |                              |                                                | Describe in S                                              |                          |                      | Ψ                                    |  |  |  |
| Accounts & Notes Receivable                                                |                        |                              |                                                |                                                            | nt (Auto)                |                      | ¢                                    |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      | Φ                                    |  |  |  |
| Life Insurance-Cash Surrender Valu<br>(Complete Section 8)                 | ue Only\$              |                              | Mo. Payments \$ Installment Account (Other) \$ |                                                            |                          |                      |                                      |  |  |  |
| Stocks and Bonds                                                           | \$                     |                              |                                                | Mo. Payments                                               |                          | '                    | Φ                                    |  |  |  |
| (Describe in Section 3)                                                    |                        | Loan on Life Insurance       |                                                |                                                            |                          |                      |                                      |  |  |  |
| Real Estate                                                                | \$                     |                              |                                                |                                                            | l Estate                 |                      |                                      |  |  |  |
| (Describe in Section 4)                                                    |                        |                              | (                                              | Describe in S                                              | Section 4)               |                      |                                      |  |  |  |
| Automobile-Present Value                                                   | \$                     |                              | Unpa                                           | id Taxes                                                   |                          |                      | \$                                   |  |  |  |
| Other Personal Property                                                    | \$                     |                              | ,                                              | (Describe in Section 6)                                    |                          |                      |                                      |  |  |  |
| (Describe in Section 5)                                                    |                        |                              |                                                | Other Liabilities \$                                       |                          |                      |                                      |  |  |  |
| Other Assets                                                               | \$                     |                              |                                                | (Describe in Section 7)                                    |                          |                      |                                      |  |  |  |
| (Describe in Section 5)                                                    |                        |                              | Total Liabilities                              |                                                            |                          |                      |                                      |  |  |  |
|                                                                            | Total \$               |                              | Net v                                          | Net Worth                                                  |                          |                      |                                      |  |  |  |
| Section 1. Source of Income                                                | TOTAL +                |                              | Cont                                           | ingent Liabi                                               |                          | Otai                 | ¥                                    |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      | •                                    |  |  |  |
| Salary                                                                     |                        |                              |                                                |                                                            | -Maker                   |                      |                                      |  |  |  |
| Net Investment Income                                                      |                        |                              |                                                |                                                            |                          |                      | \$                                   |  |  |  |
| Real Estate Income                                                         |                        |                              |                                                | Provision for Federal Income Tax \$  Other Special Debt \$ |                          |                      |                                      |  |  |  |
| Other Income (Describe below)*                                             |                        |                              | Othe                                           | r Special Deb                                              | t                        | ;                    | \$                                   |  |  |  |
| Description of Other Income in Sect                                        | ion 1.                 |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
| *Alimony or child support payments nee                                     | ed not be disclosed in | n "Other Income" un          | less it is desire                              | d to have such                                             | payments counted to      | oward total income.  |                                      |  |  |  |
| Section 2. Notes Payable to Banks                                          | (1.10                  |                              |                                                |                                                            |                          |                      | statement and signed.)               |  |  |  |
| Name and Address of Noteholder(s)                                          |                        | Original Cui<br>Balance Bala |                                                | Payment                                                    | Frequency (monthly,etc.) | How_Sec              | cured or Endorsed<br>e of Collateral |  |  |  |
|                                                                            |                        | Balance                      | Balance                                        | Amount                                                     | (monthly,etc.)           | Туре                 | e oi Collaterai                      |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      |                                      |  |  |  |
|                                                                            |                        |                              |                                                |                                                            |                          |                      |                                      |  |  |  |

| Section 3. Stocks             | and Bonds. (Use at                                    | tachments if necessary.                                                                                                  | Each attachment me                                        | ust be identified as a             | part of this statement     | and signed).             |
|-------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|----------------------------|--------------------------|
| Number of Shares              | Name o                                                | of Securities                                                                                                            | Cost                                                      | Market Value<br>Quotation/Exchange | Date of Quotation/Exchange | Total Value              |
|                               |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
|                               |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| Section 4. Real Est           | toto Owned                                            | (List each parcel separate                                                                                               | lv Use attachment if                                      | ecessary. Each attach              | ment must be identified    | l as a part              |
| Section 4. Real Est           | ate Owned.                                            | of this statement and sign                                                                                               |                                                           |                                    |                            |                          |
| T f Droporty                  |                                                       | Property A                                                                                                               |                                                           | Property B                         | H                          | Property C               |
| Type of Property              |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| Address                       |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| Date Purchased                |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| Original Cost                 |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| Present Market Valu           | ie                                                    |                                                                                                                          |                                                           |                                    |                            |                          |
| Name &<br>Address of Mortgage | e Holder                                              |                                                                                                                          |                                                           |                                    |                            |                          |
| Mortgage Account N            | lumber                                                |                                                                                                                          |                                                           |                                    |                            |                          |
| Mortgage Balance              |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| Amount of Payment             | per Month/Year                                        |                                                                                                                          |                                                           |                                    |                            |                          |
| Status of Mortgage            |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| Section 5. Other Pe           | ersonal Property an                                   |                                                                                                                          | cribe, and if any is pledge<br>yment and if delinquent, o |                                    | and address of lien holder | , amount of lien, terms  |
|                               |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| Section 6. Unp                | paid Taxes. (De                                       | escribe in detail, as to type,                                                                                           | to whom payable, whe                                      | en due, amount, and to             | what property, if any, a t | ax lien attaches.)       |
|                               |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| Section 7. Oth                | ner Liabilities. (De                                  | escribe in detail.)                                                                                                      |                                                           |                                    |                            |                          |
|                               |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| Section 8. Life               | Insurance Held.                                       | (Give face amount and c                                                                                                  | cash surrender value o                                    | f policies - name of insu          | urance company and be      | neficiaries)             |
|                               |                                                       |                                                                                                                          |                                                           |                                    |                            |                          |
| and the statements            | contained in the atta<br>eing a loan. I understa      | es as necessary to verify the chments are true and accurand FALSE statements may                                         | urate as of the stated d                                  | ate(s). These statemen             | its are made for the purp  | oose of either obtaining |
| Signature:                    |                                                       |                                                                                                                          | Date:                                                     | Social                             | Security Number:           |                          |
| Signature:                    |                                                       |                                                                                                                          | Date:                                                     | Social                             | Security Number:           |                          |
| PLEASE NOTE:                  | concerning this estimated Administration, Washington, | ge burden hours for the con<br>nate or any other aspect of t<br>ington, D.C. 20416, and Clear<br>503. PLEASE DO NOT SEND | this information, please rance Officer, Paper Red         | contact Chief, Administ            | rative Branch, U.S. Smal   | II Business              |

## **Startup Business Questionnaire**

| Today | 's Date:                                              | Lessee Company Name:                                                                                                                                                       |
|-------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | What Education and inc                                | lustry related experience does/do the principal(s) of your company have that ation to succeed?                                                                             |
|       |                                                       |                                                                                                                                                                            |
| 2.    | How does your compan                                  | y differentiate itself from the competition?                                                                                                                               |
|       |                                                       |                                                                                                                                                                            |
| 3.    | What are your company                                 | 's anticipated strengths and weaknesses?                                                                                                                                   |
|       |                                                       |                                                                                                                                                                            |
|       |                                                       |                                                                                                                                                                            |
| 4.    |                                                       | xperience cash flow problems in the initial stages of operation, therefore, has ed a contingency plan to address this possibility should your company not be t six months? |
|       | promable during the me                                |                                                                                                                                                                            |
| 5.    | Does/Do the principal(s<br>lifestyle(s)? If so please | of your company have any other outside income to support your current provide details.                                                                                     |
|       |                                                       |                                                                                                                                                                            |
| 6.    | •                                                     | collateral available to further secure this transaction? (i.e. free & clear CD's, savings accounts, etc.)                                                                  |
|       |                                                       |                                                                                                                                                                            |
| 7.    |                                                       | ve the principal(s) of the company contributed to capitalize the business ditional cash be contributed?                                                                    |
|       |                                                       |                                                                                                                                                                            |
|       |                                                       |                                                                                                                                                                            |