

NEW TENANT LEASE APPLICATION

Do not leave any questions unanswered. Please use "N/A" or "NONE" where necessary.

Thank you for your interest in a lease with Vestar. <u>Please complete the attached packet in its entirety, so that we may complete our review as quickly and efficiently as possible.</u> <u>In addition to the application packet, we ask that you provide the following items:</u>

- 1. Business resume, providing a discussion of each applicant's operating background
- 2. Business plan

*Please note below the name of the proposed individual(s) or entity which will be signing the lease documents.

Proposed tenant entity:
All individuals' names, home addresses, DOB and social security numbers:
If individual is married, spouse's name, DOB and social security number are required (not required in Texas):
If applicant is a business entity, please explain the relationship(s) between the business entity and the individuals listed above.
Please provide additional documentation in electronic form (PDF) whenever possible.
Below info to be completed by Vestar personnel:
Center Name:
Current Tenant (if application is for an assignment)
Suite # (if application is for a new lease)



FINANCIAL CONDITION AS OF:			
APPLICANT			
Name:			
Date of Birth:			
Social Security Number:			
Employer:			
Address of Employer:			
Business Phone:			
Number of Years with Employer:			
Title / Position:			
Name of Previous Employer:			
Number of Years:			
Home Address:			
City, State, Zip Code			
Home Phone:			
Name & Phone of Your Accountant:			
Name & Phone of Your Attorney:			
Name & Phone of Your Insurance Agent:			
SPOUSE (Required If Married) Name:			
Date of Birth:			
Social Security Number:			
Employer:			
Address of Employer:			
Business Phone:			
Number of Years with Employer:			
Title / Position:			
Name of Previous Employer:			
Number of Years:			
I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete and authorizes VESTAR to run a credit report using this information. PLEASE BE SURE TO ACTUALLY SIGN THIS DOCUMENT. DO NOT JUST TYPE YOUR NAME IN THE SPACE BELOW.			
Signature	Date:		
Spouse Signature:	Date:		
opodos olgitatares			



PERSONAL FINANCIAL STATEMENT FINANCIAL CONDITION AS OF: BALANCE SHEET \$ \$ LIABILITIES **ASSETS** Notes Payable (Sched E) Cash in Banks (List) Accounts Payable (Including Credit Cards) Notes Due: Partnerships (Sched D) Taxes Payable Mortgage Debt (Sched C) Residential Real Estate (Sched C) Investment Mortgage Debt (Sched C) Real Estate Investments (Sched C) Readily Marketable Securities (Sched A) Life Insurance Loans (Sched B) Margin Accounts Non-Readily Marketable Securities (Sched A) Other Liabilities (List) Accounts & Notes Receivable Net Cash Surrender Value of Life Insurance (Sched B) Partnerships / PC Interests (Sched D) IRA, Keogh, Profit Sharing, Other Vested Accounts Deferred Income Personal Property Automobiles Other Assets (List) **TOTAL LIABILITIES** TOTAL ASSETS **NET WORTH (Assets less Liabilities)** PLEASE ANSWER THE FOLLOWING QUESTIONS YES / NO Are any of the above assets or liabilities held in trust? Have you or any firm in which you were a major owner ever declared bankruptcy?

If yes for any of the above, please attach details on a separate sheet of paper.

Do you anticipate any substantial inheritances?



PERSONAL FINANCIAL STATEMENT			
FINANCIAL CONDITION AS OF:]	
	_	-	
CASH INCOME AND EXPENDITURES FOR YEA	AR ENDED]	
ANNUAL INCOME	\$	ANNUAL EXPENDITURES	\$
Salary		Federal & Other Income Taxes	
Salary (Spouse)		State Income & Other Taxes	
Bonuses & Commissions		Rental Payments	
Bonuses & Commissions (Spouse)		Mortgage Payments	
Rental Income		Investment Mortgage Payments	
Interest Income		Residential Property Taxes	
Dividend Income		Investment Property Taxes	
Capital Gains		Interest & Principal Payments on Loans	
Partnership Income		Insurance	
Other Investment Income		Investments (Including Tax Shelters)	
Other Income (List)		Alimony / Child Support	
		Tuition	
		Medical Expenses	
		Other (List)	
TOTAL INCOME		TOTAL EXPENDITURES	
		INCOME AFTER EXPENDITURES	
CONTINGENT LIABILITIES			
			YES / NO
Are you a guarantor, co-maker, or endorser for a	ny debt of an individ	dual, corporation or partnership?	
Do you have any outstanding letter of credit or surety bonds?			
• • •			
Are there any suits or legal actions pending again	nst you?		
Are you contingently liable on any lease or contra	act?		
Are any of your tax obligations past due?			
If yes for any of the above, please attach deta	ils on a separate s	heet of paper.	



PERSONAL F	FINANCIAL STATEMENT					
FINANCIAL C	ONDITION AS OF:					
DETAIL SCH	EDULES					
SCHEDULE A	A - ALL SECURITIES (Including Non-	Money Market Mu	itual Funds)	.,,		
# Shares / Face Value	Description	Owner	Where Held	Cost	Current Market Value	Pledged
Readily Mark	etable Securities					
ļ						
L		otal Readily Mark	etable Securities		<u> </u>	<u></u>
Non Bondille	Marketable Securities					
Non-Readily	Marketable Securities		-	<u> </u>		
	Total	Non-Readily Marl	etable Securities			
SCHEDULE	C - PERSONAL RESIDENCE & REAL	ESTATE INVEST	MENTS, MORTGA	GE DEBT		
Personal Re						
Address	Legal Owner	Cost	Market Value	Loan Balance	Monthly Payments	Loan Maturity
	n n					
	-			<u> </u>		
						
	Totals					
					100	
Investment F	Real Estate					
Address	Legal Owner	Cost	Market Value	Loan Balance	Monthly Payments	Loan Maturity
-						
						1
	1			†		†



PERSONAL FI	INANCIAL STATEMENT					
FINANCIAL CO	ONDITION AS OF:					
DETAIL SCHE	DULES]				
	- PARTNERSHIPS					
Type of Investment	Balance Due / Cash Calls	Cost	Market Value	Date of Final Contribution	Date of Purchase	% Owned
					1	
	and the second					
					! .	
	100					
Totals						
COUEDINE	NOTES DAVABLE					
Due to	- NOTES PAYABLE Type of Facility	Amount of Line	Secured ?	Collateral	Unpaid Balance	Maturity
Due to	Type of Facility	Amount of Line	Gecureu :	Conditoral	Oripaid Balarioe	watanty

Totals						
		1111			70-	
Insurance	3 - INSURANCE			1		
Company	Beneficiary	Owner	Туре	Cash Value	Amount Borrowed	Face Value
~						
Totals						

TENANT HISTORY

CENTER:
1. TENANT
Legal name of Tenant (including State of residence/incorporation)
Trade Name of Tenant
Proprietor's Legal Name (including State of resident)
2. EXPERIENCE
Is this a first-time user? YES / NO
If not, how many current locations?
Other locations:
a. Where located?
b. How long at each location?
c. Size of each location?
d. Gross Revenues of each location
How many years experience?
Additional training/product knowledge
3. PRINCIPALS (list all principals and their involvement)

4. CAPITAL	REQUIREMENTS
Build-Out:	
FF&E:	
Inventory:	
Working Cap	ital:
Other:	
	TOTAL REQUIREMENTS \$
Cash Availab	ple:
Loan:	
Landlord's C	ontribution:
	TOTAL SOURCES OF CASH \$
5. OTHER C	