

FINANCIAL INFORMATION PACKAGE:

Attached you will find the necessary forms to supply the Landlord with appropriate background verification and business plan information.

Please complete as follows:

- 1) Approval to release Credit Information, signed and witnessed
- 2) Personal Financial Status – Complete in full, signed and witnessed
- 3) Corporate Financial Status (if applicable) – Complete in full, signed and witnessed
- 4) Detailed Credit Information Sheet
- 5) Outline of Business Plan

If you have any questions regarding any of these items, please contact our office.

When complete, please provide to:

303 Associates, LLC
ATTN: Courtney Worrell
2015 Boundary Street, Suite 300
Beaufort, SC 29902
Tel: 843-521-9000
Fax: 843-379-9545
E-mail: ctw@303associates.com

Thank you,
303 Associates, LLC

GENERAL AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize 303 ASSOCIATES, LLC. and any of its affiliates to obtain and/or release any and all information that it may deem appropriate pertaining to my credit worthiness. I agree that this information may be obtained from and/or released to any source including, but not limited to, any consumer-reporting agency. I also agree that this authorization shall be valid for twelve (12) months, and that a photocopy of this Authorization shall be a valid original.

TENANT D/B/A: _____
SHOPPING CENTER NAME: _____
SHOPPING CENTER ADDRESS: _____
CITY, STATE, ZIP _____

Name: _____
Social Security Number: _____
Date of Birth: _____
Drivers License #: _____ State: _____
Home Address: _____
Previous Address: _____
Home Telephone #: _____
Work Telephone #: _____
Signature: _____
Date: _____

Name: _____
Social Security Number: _____
Date of Birth: _____
Drivers License #: _____ State: _____
Home Address: _____
Previous Address: _____
Home Telephone #: _____
Work Telephone #: _____
Signature: _____
Date: _____

PLEASE FORWARD THE ORIGINAL OF THIS DOCUMENT TO 303 ASSOCIATES, LLC:
303 Associates, LLC

Attention: Courtney Worrell

ctw@303associates.com

2015 Boundary Street, Suite 300, Beaufort, SC 29902

Telephone: 843-521-9000

Fax: 843-379-9545

PERSONAL FINANCIAL STATEMENT

As of the _____ day of _____, 20__

Name _____ To _____
 Address _____

(PLEASE COMPLETE ALL SCHEDULES AND FILL IN ALL BLANKS; INSET "NONE" IF APPROPRIATE)

For the purpose of securing credit from time to time with you, I furnish the following as a true and correct statement of my financial condition on date named above and agree to notify you of any material changes affecting my financial condition. In the absence of such notice, this is to be considered statement and my ability to pay has not fallen below the condition set forth.

ASSETS				LIABILITIES			
Cash (Schedule A)	\$			Notes Payable Banks (Schedule A)	\$		
Stocks and Bonds (Schedule B)				Notes Payable to Relatives (Schedule E)			
Accounts and Notes Receivable:				Notes Payable to Others (Schedule E)			
Due from relatives and friends				Accounts Payable			
Due from others				Federal and Income Taxes Payable			
Less Doubtful accounts (subtract)				Other Accrued Taxes and Insurances			
Real Estate Owned (Schedule C)				Mortgages Payable (Schedule C)			
Mortgages Owned (Schedule D)				Installment Contracts Payable			
Cash Surrender Value Life Ins. (Schedule F)				Loans Against Life Insurance (Schedule F)			
Other assets (itemize):				Other Liabilities (itemize)			
				TOTAL LIABILITIES			
				NET WORTH			
	TOTAL \$				TOTAL \$		
Amounts of Assets Pledged	\$			Amounts of Liabilities Secured	\$		

Annual Income: Salary: \$	Fees or Commissions: \$	Other: \$
Business or Occupation:		Name of Employer
Are you a partner or officer in any other business venture? (If yes, who with)		
Age	Marital Status (Single, married, widow(er) or divorced):	No. of Dependents
Spouse's Name		
Are there any unsatisfied judgments or legal actions pending against you? (If yes, specify)		
Have you ever gone through bankruptcy or made a general assignment? (If yes, specify)		
As of the date of this financial statement, I had not pledged, assigned, hypothecated or transferred the title to any of my assets, except as noted on this form or on a supporting schedule, nor has any such action been taken since that date, except as follows (give details):		
CONTINGENT LIABILITIES: As endorser or co-maker		
On receivable discounted or sold	As guarantor	
On leases, mortgages or contracts	Unsettled claims	
Other (itemize)		

CORPORATE FINANCIAL STATEMENT

As of the _____ day of _____, 20__

Name _____ To _____
 Address _____

(PLEASE COMPLETE ALL SCHEDULES AND FILL IN ALL BLANKS; INSET "NONE" IF APPROPRIATE)

For the purpose of securing credit from time to time with you, I furnish the following as a true and correct statement of the above named entity's financial condition on date named above and agree to notify you of any material changes affecting my financial condition. In the absence of such notice, this is to be considered statement and my ability to pay has not fallen below the condition set forth.

ASSETS				LIABILITIES			
Cash (Schedule A)	\$			Notes Payable Banks (Schedule A)	\$		
Stocks and Bonds (Schedule B)				Notes Payable to Relatives (Schedule E)			
Accounts and Notes Receivable:				Notes Payable to Others (Schedule E)			
Due from relatives and friends				Accounts Payable			
Due from others				Federal and Income Taxes Payable			
Less Doubtful accounts (subtract)				Other Accrued Taxes and Insurances			
Real Estate Owned (Schedule C)				Mortgages Payable (Schedule C)			
Mortgages Owned (Schedule D)				Installment Contracts Payable			
Cash Surrender Value Life Ins. (Schedule F)				Loans Against Life Insurance (Schedule F)			
Other assets (itemize):				Other Liabilities (itemize)			
				TOTAL LIABILITIES			
				NET WORTH			
	TOTAL \$				TOTAL \$		
Amounts of Assets Pledged	\$			Amounts of Liabilities Secured	\$		

Annual Revenue:	
Business Type:	Name of Members/Partners
EIN:	
Are there any unsatisfied judgments or legal actions pending against this entity? (If yes, specify)	
Has this entity ever gone through bankruptcy or made a general assignment? (If yes, specify)	
As of the date of this financial statement, this entity not pledged, assigned, hypothecated or transferred the title to any of my assets, except as noted on this form or on a supporting schedule, nor has any such action been taken since that date, except as follows (give details):	
CONTINGENT LIABILITIES: As endorser or co-maker	
On receivable discounted or sold	As guarantor
On leases, mortgages or contracts	Unsettled claims
Other (itemize)	

Detailed Credit Information

(Referencing Financial Statement)

INDIVIDUAL

<p>A. Name: _____</p> <p>Home Phone: _____</p> <p>Home Address: _____</p> <hr/> <p>Mortgage Company: _____</p> <p>Address: _____</p> <hr/> <p>Account #: _____ Phone: _____</p>	<p>Date of Birth: _____</p> <p>Social Security #: _____</p> <p>Drivers License #: _____</p> <p>How long at this address? _____</p> <p>Own? _____ Rent? _____</p> <hr/> <p>Landlord: _____</p> <p>Address: _____</p> <hr/> <p>Phone: _____</p>
<p>B. Previous Address (If less than 2 years): _____</p> <hr/>	<p>How long at this address? _____</p> <p>Own? _____ Rent? _____</p> <hr/> <p>Phone: _____</p>
<p>C. Employer Name: _____</p> <p>Address: _____</p> <hr/>	<p>How Long? _____</p> <p>Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/>
<p>D. Business Name: _____</p> <p>Business Type: _____</p> <p>Address: _____</p> <hr/>	<p>Phone: _____</p> <p>How Long in Business? _____</p> <p>Own? _____ Rent? _____</p> <hr/>

CORPORATION (attach copy of most recent audited financial statement)

<p>A. Corporation Name: _____</p> <p>Business Type _____ Fed Tax ID#: _____</p> <p>Address _____</p> <hr/> <p>Mortgage Company _____</p> <p>Address _____</p> <hr/> <p>Account #: _____ Phone: _____</p>	<p>Phone: _____</p> <p>How Long in Business? _____</p> <p>How Long at this Address? _____</p> <p>Own? _____ Rent? _____</p> <hr/> <p>Landlord: _____</p> <p>Address: _____</p> <hr/> <p>Phone: _____</p>
<p>B. Corporation Officers:</p> <p>Name: _____</p> <p>Address: _____</p> <hr/> <p>Name: _____</p> <p>Address: _____</p> <hr/>	<p>Social Security #: _____</p> <p>Title: _____</p> <p>Home Phone: _____</p> <hr/> <p>Social Security: _____</p> <p>Title: _____</p> <p>Home Phone: _____</p> <hr/>

REFERENCES

<p>A. Credit References</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"><u>Name of Reference</u></th> <th style="width: 25%;"><u>Address</u></th> <th style="width: 15%;"><u>Phone</u></th> <th style="width: 15%;"><u>Account #</u></th> <th style="width: 20%;"><u>Type of Acct.</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Name of Reference</u>	<u>Address</u>	<u>Phone</u>	<u>Account #</u>	<u>Type of Acct.</u>																
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Business Plan

OUTLINE OF BUSINESS PLAN

I. FINANCIAL INFORMATION:

A. Corporation:

B. Principals:

II. PAST EXPERIENCE:

A. Retail Business:

B. Other Business:

III. SALES:

A. At Current Location: 19 19

B. Projected Sales for New Locations:

IV. USE OF SPACE:

What is unique about Your Operation?

V. MERCHANDISING:

A. Description of Interior Design:

B. List of Items to be Sold at Location:

C. Initial Cost of Merchandise:

D. Cost & Type of Fixturing:

E. Planned Advertising Budget:

VI. CONCERNS:

VII. BENEFITS – to be filled out by agent: (rental rate, mix, use, merchandising, reputation, etc.)

VIII. RECOMMENDATIONS:

PHOTOS / PLANS / ADDITIONAL DOCUMENTATION