



SUMMIT TEAM, INC.
FINANCIAL APPLICATION

For Property Located at: _____

- YOU -

- YOUR SPOUSE -

Name

Address

City, State, Zip

Phone Number

Social Security Number

Driver's License Number and Expiration Date

Date of Birth

Current Employer/How Long?

Address

Phone Number

Name

Address

City, State, Zip

Phone Number

Social Security Number

Driver's License Number and Expiration Date

Date of Birth

Current Employer/How Long?

Address

Phone Number

ANNUAL INCOME

ANNUAL EXPENDITURES (excl. living expenses)

Salary: _____

Salary (spouse): _____

Securities Income _____

Rentals: _____

Other (describe): 1) _____

2) _____

3) _____

4) _____

5) _____

Real Estate Payment(s): _____

Rent: _____

Income Taxes _____

Insurance Premium(s): _____

Property Taxes: _____

Other-describe non-real estate installment payments:

1) _____

2) _____

3) _____

Total Income: _____

Total Expenditures: _____

17165 NEWHOPE ST. , SUITE H
 FOUNTAIN VALLEY CA. 92708
 FAX (714) 241-1551
 PHONE (714) 241-1550

THE COST FOR PROCESSING EACH FINANCIAL STATEMENT IS \$25. PLEASE MAKE A CHECK PAYABLE TO SUMMIT
 TEAM. (PLEASE NOTE THAT THE COST PER COUPLE IS \$25).



SUMMIT TEAM, INC.

FINANCIAL APPLICATION (continued)

PERSONAL FINANCIAL STATEMENT

ASSETS		LIABILITIES	
CASH IN BANK (Schedule A)	\$	ACCOUNTS PAYABLE	\$
CASH ON HAND	\$	NOTES PAYABLE (Schedule D)	\$
ACCTS RECEIVABLE	\$	LOAN FROM BANK	\$
NOTES RECEIVABLE	\$	TAXES PAYABLE	\$
MARKETABLE STOCKS AND BONDS	\$	OTHER LIABILITIES DUE WITHIN ONE YEAR	\$
INVENTORY	\$		
TOTAL CURRENT ASSETS	\$	TOTAL CURRENT LIABILITIES	\$
REAL ESTATE (detail in Schedule B)	\$	REAL ESTATE MORTGAGES (detail in Schedule B)	\$
STOCKS AND BONDS (detail in Schedule C)	\$	NOTES/ BILLS PAYABLE AFTER ONE YEAR	\$
MACHINERY/FIXTURES	\$	OTHER LIABILITES:	
AUTO(S):	\$		\$
make yr		-----	-----
make yr			\$
OTHER ASSETS (Schedule C)	\$		\$
CASH SURRENDER VALUE OF LIFE INSURANCE	\$	TOTAL NON-CURRENT LIABILITIES	\$
TOTAL NON-CURRENT ASSETS	\$	NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITY & NET WORTH	\$

SCHEDULE A - CASH IN BANK

NAME OF BANK	ADDRESS	ACCOUNT #	BALANCE

THE COST FOR PROCESSING EACH FINANCIAL STATEMENT IS \$25. PLEASE MAKE A CHECK PAYABLE TO SUMMIT TEAM. (PLEASE NOTE THAT THE COST PER COUPLE IS \$25).

AUTHORIZATION FOR FILE DISCLOSURE

I hereby authorize Summit Team, Inc. to obtain a consumer credit and/or investigative report from Contemporary Information Corporation (CIC) on myself. I understand that such information may be derived in whole or in part from Experian, Equifax, other credit and public record providers and/or CIC.

Signature

Date

Full Name (please print)

Home Address

City

State

Zip

Social Security Number

Driver's License

Date of Birth

*****IMPORTANT NOTE TO CIC SUBSCRIBER!*****

In Accordance with the Fair Credit Reporting Act, as well as other state and federal laws, this signed form is to be kept on file by CIC client ("subscriber") for no less than six years. CIC may request that subscriber supply a copy of the consumer signed Authorization for File Disclosure or application for rental, credit, or employment anytime within that six year period. Failure to comply may result in termination of subscriber's account as well as any criminal or civil penalties that may apply under current law.

APPLICANTS NAME: _____

PROPERTY ADDRESS: _____

REGARDING YOUR PLANNED BUSINESS: Please complete the following and attach additional information regarding your related background and business plans as necessary.		
What are your planned hours of operation for the business?	How many employees do you anticipate?	
Monday to:	Total:	At any one time:
Tuesday to:	Who will manage the business on a day-to-day basis?	
Wednesday to:		
Thursday to:		
Friday to:		
Saturday to:		
Sunday to:		
What background do you have in this business? (Please attach a resume)		
How do you plan to generate business?		
How much do you estimate you will spend fixturing the premises?	\$	
How much do you estimate you will spend on inventory?	\$	
What level of gross receipts do you feel you need?		
To stay in business	\$	/year
To be satisfied in business	\$	/year
To be extremely pleased with the business	\$	/year
What are your income projections for the first two years?		
	Year 1	Year 2
Gross Receipts:	\$ _____	\$ _____
Less Returns:	_____	_____
Credit Losses:	_____	_____
Theft/Pilferage:	_____	_____
Other:	_____	_____
Net Receipts	\$ _____	\$ _____
Less: Cost of goods sold:	_____	_____
Less: Operating expense:	_____	_____
Salaries excluding self & spouse:	_____	_____
Debt service:	_____	_____
Rent and CAM:	_____	_____
Advertising & Promotion:	_____	_____
Insurance:	_____	_____
Other:	_____	_____
Less Other:	_____	_____
Net Income excluding owner's salaries:	\$ _____	\$ _____

APPLICANTS NAME: _____

PROPERTY ADDRESS: _____

LEASEHOLD IMPROVEMENTS – COST BUDGET

- 1. Demolition/Concrete/Floor Prep _____
- 2. Framing/Drywall _____
- 3. Alarm System (if applicable) _____
- 4. Electrical _____
- 5. Lighting _____
- 6. Plumbing/Bathrooms _____
- 7. Mechanical/HVAC _____
- 8. Ceiling _____
- 9. Fire Sprinklers _____
- 10. Interior Doors/Hardware _____
- 11. Cabinetry/Architectural Woodwork/Mirrors _____
- 12. Signage/Graphics/Awnings/Exterior work _____
- 13. Flooring/Tile _____
- 14. Storefront Glass/Entry Systems _____
- 15. Paint/Stain/Wall Finishes _____
- 16. Barricades/Cleanup/Insurance/Misc. _____
- 17. Supervision/General Contractor Fees _____
- 18. Miscellaneous _____

TOTAL CONSTRUCTION BUDGET \$ _____

APPLICANTS NAME: _____

PROPERTY ADDRESS: _____

ESTIMATED STORE OPENING BUDGET

NAME OF EXPENSE	ESTIMATE OF AMOUNTS	SOURCE OF PAYMENT
Design Fees, architectural Fees		
Leasehold Improvements (see attached cost sheet)		
Permits/Licenses/Municipal Fees		
Fixtures/Furnishings		
Equipment		
Signage and Canopies		
Security Deposit/1st Month Rent		
Initial Promotional Assessment		
Initial Marketing Expenses		
Insurance Premiums		
Inventory		
Working Capital		
Training Expenses		
TOTAL:		