PASTER ENTERPRISES LLC SHOPPING CENTER DEVELOPMENT & MANAGEMENT

Standard Commercial Lease Application (**This Application must be filled out completely or it will not be accepted)

Shopping Center:					
Property Address:					
Square Feet:	Da	ate:	Agent		
Complete Legal Na	me to Appear on L	ease:			
Corporation:L	LC: Partnersh	ip:LLP:	Sole Proprietor	:Non-Profit: Entity Formed:	
Year Formed:	Fe	deral Tax Payer Ide	entification No:		
D/B/A to Appear on Le	ease (if different than Legal	Name):			
Main Address or Hom	e Address:				
City:		Stat	e:	Zip Code: Fax:	
Business Phone: Email:	Mc	bile Phone:	Website [.]	_Fax:	
Current Business Nar		me for this Application):			
City:		State:		Zip Code:	
Business Phone:		Business Fax	K:	Yrs. in Business:	
Name of Person(s)	Who Will Sign Leas	se:			
Person 1:			Title:		
Married (check):	Single (check):	Spouse's Na	ame:		
Street Address:					
City:		State:		_ Zip Code:	
				_ Fax:	
Email:		US Citizen:	Yes (check)	_ No (Check)	
Person 2:			Title:		
Married (check):	Single (check):	Spouse's Na	ame:		
Street Address:					
City:		State:		Zip Code:	
	Mc	bile Phone:		_Fax:	
Email:		US Citizen:	Yes (check)	NO (Check)	

PASTER ENTERPRISES LLC

SHOPPING CENTER DEVELOPMENT & MANAGEMENT

Other Business Locations:

Location 1:			
Street Address:			
City:	State:	Zip Code:	
Description:			
Location 2:			
Street Address:			
City:	State:	Zip Code:	
Description:			

Names of Person(s) who will Guarantee Lease: (**Guarantors must complete Credit/Background Check Form)

Person 1:	Title:		
Street Address:			
City:	State:	Zip Code:	
Business Phone:	Mobile Phone:	Fax:	
	US Citizen: Yes (check)	No (Check)	
Person 2:	Title:		
Street Address:			
City:	State:	Zip Code:	
Business Phone:	Mobile Phone:	Fax:	
Email:	US Citizen: Yes (check)	NO (Check)	

Credit Reference (Business/Vendor):

Name:	Relation	ship:	
Street Address:		•	
City:	State:	Zip Code:	
Contact Name:	Phone Number:		
Email:			

Credit Reference (Landlord):

Name:	Relation	ıship:	
Street Address:			
City:	State:	Zip Code:	
Contact Name:	Phone Number:	·	
Email:			

Credit Reference (Lender/Mortgage):

Name:	Relation	Relationship:		
Street Address:				
City:	State:	Zip Code:		
Contact Name:	Phone Number:			
Email:				
Credit Reference (Bank):				
Name:	Relation	iship:		
Street Address:				
City:	State:	Zip Code:		
Contact Name:				
Contact Name: Email:	Phone Number:			

Check Attached Items or Mark N/A

- Applicant's Current Balance Sheet (Net Worth) and Income Statement; or Personal Financial Statement (see attached form)
- Applicant's most recent two years' Federal Tax Returns
- Guarantor's Current Balance Sheet (Net Worth) and Income Statement; or Personal Financial Statement (see attached form)
- Guarantor's most recent two years' Federal Tax Returns (if different from applicant)
- □ Consumer Report Authorization

What Background do you have in business? Please attach a Business Resume 	Include: Business/Work Experience; roles/positions held; dates; if involved in other businesses, what capacity and will you have a continuing role in these businesses?
How do you plan to generate business?	Include: Description of business; Marketing plan; Competition; Customer
Please attach a Business Plan	Base; Operating procedures; Personnel – how many employees, FT/PT, who will be managing the business on a daily basis; Business insurance;
	Financial data; Estimate of initial investment including costs to install fixtures/build out; cost of inventory; Balance sheet; Breakeven analysis;
	Profit and loss statements; Assumptions upon which projections were
	based; Pro-forma cash flow through term of Lease

CONDITIONS AND INFORMATION

The completion of this application by Applicant(s) ("Tenant") and the acceptance of this application by Creditor ("Landlord") creates no obligation of Landlord to approve the application or enter into a lease with Tenant. By completing this application, Applicant(s) does hereby give full consent to Paster Enterprises, LLC and its agents or associates to have access and obtain information on its present and past history and any information relating to same. This application is to be used for the purpose of establishing Applicant's current and past credit position and financial credibility. A Consumer Report Authorization Form (see attached) is required in addition to this application, including any Guarantor if coupled with the proposed lease. The confidentiality of the information being furnished by Applicant will be preserved except where disclosure of this information is required by applicable law or for the purposes of evaluating the proposed transaction.

SHOPPING CENTER DEVELOPMENT & MANAGEMENT

ASTER ENTERPRIS

Consumer Report Authorization:

The foregoing information is true and correct in all respects. I authorize Tena InfoBureau Services, Paster Enterprises, LLC or any prospective landlords to prepare, or cause to be prepared, an investigative consumer report including, but not limited to, verification of all information and references, credit standing, general reputation, credit capacity, and character, provided through the utilization of investigative suppliers or sources deemed necessary, which may include: credit reporting agencies, public record repositories and investigative agencies for the purpose of a criminal records search. I understand that if information supplied on this application is found to be false, untrue or misleading, it could result in denial of the application. I also indemnify Tena InfoBureau Services, Paster Enterprises, LLC or any prospective landlords against all damages, potential or otherwise, stemming from the release of any negative information contained in the requested investigative report. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that Paster may deem necessary now or in the future, in connection with the tenancy contemplated.

I have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act.

□ Check box if you wish to receive a copy of the report.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS AND THEY ACKNOWLEDGE THEY HAVE RECEIVED A COPY OF THIS AUTHORIZATION.

Applicant	Spouse (If Applicable) (Print company name, if applicable) Its: (Print company position held, if applicable)	
(Print company name, if applicable) Its:		
(Print company position held, if applicable)		
<u>By:</u> (Signature)	<u>By:</u> (Signature)	
Print Full Legal Name Other Name(s) Used:	Print Full Legal Name Other Name(s) Used:	
Street Address	Street Address	
City, State, ZIP	City, State, ZIP	
Date of Birth	Date of Birth	
Social Security Number	Social Security Number	
Dated:	Dated:	

Personal Financial Statement Schedules

This statement and any applicable supporting schedules may be completed jointly by both married and unmarried co-applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required.

ANNUAL INCOME	APPLICANT	CO-APPLICANT (ie. spouse)
Salary		
Bonuses & Commissions		
Rental Income		
Interest Income		
Dividend Income		
Other Income		
TOTAL INCOME	\$	\$

SCHEDULE 1 CASH, CHECKING ACCOUNTS, SAVINGS, MONEY MARKET ACCOUNTS				
Name of Financial Institution	Type of Account	In Whose Name?	Account Balance	
	τοται -	enter on line #1 of Summary as an ASSET	¢	

TOTAL - enter on line #1 of Summary as an ASSET

SCHEDULE 2 RETIREMENT FUNDS – PROFIT SHARING – PENSION				
Name of Financial Institution or Brokerage Firm	Type of Account (401(k), IRA)	In Whose Name?	Account Balance	
	TOTAL - enter on line #2	of Summary as an ASSET	2	

TOTAL - enter on line #2 of Summary as an ASSET \$

SCHEDUL	E 3 BUSINE	BUSINESS % and SECURITIES OWNED (STOCKS/BONDS/MUTUAL FUNDS)				
No. shares or Bond amount	Description	Pledged?	In Whose Name?	Cost	Current Value	
TOTAL- enter on line #3 of Summary as an ASSET				\$		

SCHEDULE 4	FE INSURANCE				
Insurance Company	Insured	Beneficiary	Face Value of Policy	Cash Value of Policy	Loans against policy
	\$				

TOTAL - enter on line #4 of Summary as a LIABILITY \$

SCHEDULE 5				HOMESTEAD				
Address	Purc	hase	Market	Lender Name	Interest	Maturity	Monthly	Loan Balance
	Year	Price	Value		Rate	Date	Payment	
2 nd REM								
TOTALS								
			_					

Enter Market Value as ASSET on Line 5 of Summary

Enter Loan Balance as LIABILITY on Line 5 of Summary

SCHEDULE 6	OTHER REAL ESTATE OWNED								
Address		Purchase		Market	Lender	Interest	Monthly	Monthly	Current
	Year	Price	%	Value	Name	Rate	Income	Payment	Balance
			owned	l'					
	Γ'		['	'					
							¢		

TOTAL - enter on line #6 of Summary as a LIABILITY \$

SCHEDULE 7	LOANS / MORTAGES OWED TO ME					
Name of Debtor	Description of Property	Maturity Date	Repayment Terms	Maturity Date	Balance Due	
			\$ per			
			\$ per			
			\$ per			
		τοτ	Al ontor on line #7 of Sumr	NAME AN AN ACCET	¢	

TOTAL - enter on line #7 of Summary as an ASSET \$

SCHEDULE 8		ED			
To Whom Payable	Interest Rate	Collateral or Unsecured	How payable	Maturity Date	Unpaid Balance
			\$ per		
			\$ per		
			\$ per		
	¢				

TOTAL – enter on line #8 of Summary as a LIABILITY \$

SUMMARY COMPLETE FROM INFORMATION ON ABOVE SCHEDULES

	AMOUNT (\$)		AMOUNT (\$)
ASSETS		LIABILITIES	
1. Cash (Schedule 1)			
2. Retirement Funds (Schedule 2)		Credit Cards – Current Balance	
3. Securities (stocks/bonds) (Schedule 3)			
4. Life Insurance Cash Value (Schedule 4)		Cash Value Insurance Loans (Schedule 4)	
5. Homestead (Schedule 5)		Mortgages on My Home (Schedule 5)	
6. Other Real Estate (Schedule 6)		Mortgages on Other Real Estate (Schedule 6)	
7. Loans/Mortgages owed to me (Schedule 7)		Taxes Owed	
8. Automobiles (Describe)		Auto Loans	
9. Personal Property		School Loans	
10. Other Tangible Assets (Describe)		Short Term Notes Due (Schedule 8)	
		Other Liabilities (Describe)	
TOTAL ASSETS		TOTAL LIABILIITIES	
	NET WOR	TH (TOTAL ASSETS MINUS TOTAL LIABILITIES)	

		AP	PLICANT	CO-A	CO-APPLICANT		
Have you ever gone through bankr	uptcy or had a judgment against you?	□ Yes	🗆 No	□ Yes	🗆 No		
Are any assets pledged or debts se	ecured except as shown?	□ Yes	🗆 No	□ Yes	🗆 No		
corporation or partnership?	endorser for any debt of an individual,	□ Yes	🗆 No	□ Yes	□ No		
Do you have any outstanding letter	□ Yes	🗆 No	□ Yes	🗆 No			
Are there any suits or legal actions	pending against you?	□ Yes	🗆 No	□ Yes	🗆 No		
Are you contingently liable on any lease or contract?			🗆 No	□ Yes	🗆 No		
Are any of your tax obligations pas	t due?	□ Yes	🗆 No	□ Yes	🗆 No		
	(If yes to above, please of the second secon		,				
To Whom Payable				How	Payable		
	\$			\$ p	er		
	\$			\$ p	er		
	\$			A	er		
	\$			\$ p	er		