



SUPPLEMENTAL APPLICATION

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Required for all transactions greater than \$75,000

PLEASE ATTACH TWO YEARS PERSONAL AND
BUSINESS (IF APPLICABLE) TAX RETURNS AND
FINANCIAL STATEMENTS.

APPLICANT _____

DISTRIBUTOR _____

FINANCE AMOUNT _____



TRANSACTION OVERVIEW

APPLICANT

Legal Business Name _____

DBA Name _____

Laundry Location _____

circle one

Has your legal business name been filed with the SOS? Please submit articles of incorporation. Yes or No

Have you any outstanding judgements or tax liens? In the last seven (7) years have you been declared bankrupt? Yes or No

Have you had property foreclosed upon or given title or deed in lieu thereof? Yes or No

Please tell us about past businesses you have owned and/or previous work experience.

Are you presently employed? If so, will you continue employment?

Do you have any other sources of income?

LIABILITIES

CREDITOR'S NAME AND ADDRESS	ACCOUNT NO.	MONTHLY PMT.	NO. OF MONTHS LEFT TO PAY	UNPAID BALANCE
INSTALLMENT DEBTS <i>(Include "Revolving" Charge Accounts and Credit Cards)</i>				
1) Name: City/State:				
2) Name: City/State:				
3) Name: City/State:				
4) Name: City/State:				
5) Name: City/State:				
6) Name: City/State:				
7) Name: City/State:				
OTHER DEBTS <i>(Include Stock Pledges)</i>				
1) Name: City/State:				
2) Name: City/State:				
REAL ESTATE LOANS <i>(Including Mortgages)</i>				
1) Name: City/State:				
2) Name: City/State:				
3) Name: City/State:				
AUTOMOBILE LOANS				
1) Name: City/State:				
2) Name: City/State:				
TOTAL LIABILITIES				\$ _____
NET WORTH <i>(Total Assets Minus Total Liabilities)</i>				\$ _____

CERTIFICATION: This is to certify that all the statements contained herein are true.

Date

Signature

Date

Signatur



DESCRIPTION OF BUSINESS

- New Store
- Existing Store (Since _____) (check one)
- Unattended Store
- Attended Part-Time (Hours _____)
- Attended Full-Time (check one)

BUILDING INFORMATION

- Own Building
- Do Not Own Building

Term or Lease from: _____ to: _____ Renewal Options _____

Square Footage of Building _____

Landlord's Name _____ Telephone # _____

Landlord's Address _____

or Mortgage Holder _____

Mortgage Number _____

Parking (Street parking, shopping center parking lot, number of entrances, etc.)

Population (In trading area, apartments: single-family dwellings; medium, low or high-income, etc.)

Competition (Number of coin laundries within 1/2 mile radius; your opinion in relation to competition, etc.)

Nearby Business (Located in shopping center, on business street, etc.)

CURRENT EQUIPMENT AND/OR NEW EQUIPMENT

	HOW MANY	BRAND	MODEL #	USAGE/WEEK	VEND PRICE
Top Loaders					
Front Loaders:					
Single-Load					
Double-Load					
Triple-Load					
Dryers					

PROJECTED GROSS MACHINE INCOME PER WEEK: \$ _____

For new stores, please attach complete Proforma to this supplement

- OTHER SERVICES:**
- Dry Cleaning on Premises
 - Dry Cleaning Pick-Up
 - Wash/Dry/Fold
 - Other _____

ADDITIONAL SITE INFORMATION _____

