

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, I (we) irrevocably authorize Infinity Property Management Corp. and their authorized agents and employees (herein referred to as Infinity Property Management Corp.) to obtain from any credit reporting agency all records, histories, summaries, reports, investigations and any other information (all herein referred to as Information) pertaining to my (our) personal credit history including matters for which I am (or we are or have been individually or jointly responsible as guarantor).

I (we) hereby forever release, remise and discharge Infinity Property management Corp. from any claims, suits, liabilities, actions or causes of action, contracts or warranties which may arise directly or indirectly, remotely or proximately from Infinity Property Management Corp. use or obtaining any of the foregoing Information. However, it cannot provide or show me a copy of any Information obtained nor can it discuss any specific information or items. Infinity Property Management Corp shall use all reasonable efforts to maintain the confidentiality of all Information received in accordance with this Authorization. A copy of this authorization shall be as valid and binding as the original. I (we) have read and executed this Authorization on the date first above recited.

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Current Residential Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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(2<sup>ND</sup> PARTY)

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Current Residential Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_



**No. 2 Accounts, Loans and Notes Receivable** (A list of the largest amounts owing to me)

Name and Address of Debtor	Amount Owing	Age of Debt	Dates Payment Expected	Description/Nature of Debt	Description of Security Held

**No. 3 Life Insurance** (Attach schedule if necessary)

Owner of Policy	Name of Beneficiary	Name of Ins. Co.	Face of Policy	Total Cash Surrender Value	Title Loans on Policy	Policy Assigned

**No. 4 Stocks & Bonds** (Attach schedule if necessary)

Face value of # of Shares	Description of Security	Registered in Name of	Original Cost	Present Market Value	To Whom Pledged

**No. 5 Real Estate** (Attach schedule if necessary)

Description or Street #	Title in Name of	Mortgages or Liens	Amount Payments	Original Cost	Present Market Value	Taxes Current?

**No. 6 Jointly Owned Property** - Details of summary on front page (Attach schedule if necessary)

Assets	Value	Name of Joint Tenant
	\$	
	\$	
	\$	
	\$	
	\$	

These statements are delivered to Infinity Property Management Corp to induce credit from time to time and/or to continue its present extension of credit, at its discretion, to be undersigned. The undersigned hereby certifies that these statements are correct and complete and accurately reflect the condition and affairs of the undersigned at the date and for the period(s) stated and that said statements reflect all known liabilities, direct or contingent, as of the date hereof.

The undersigned also represents and warrants that to his knowledge there has to date been no material adverse change in the conditions or affairs of undersigned from the date of said statements.

The undersigned does hereby request and warrant that local title to all property herein described or referred to, excepting only jointly owned property, as separately scheduled herein as such, is in the sole name of the undersigned. Every person who is a party to the statement agrees that his/her separate property listed herein or herein referred to and any property or interests into which property listed herein or herein referred to is converted or re-converted, including his/her interest in property jointly, by entirety or in common with another party to this statement, shall be available to the bank for payment of all indebtedness or other obligations of the parties making this statement, or either of them, either voluntary or involuntary by levy of execution or otherwise.

Infinity Property Management Corp is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein, and to determine the creditworthiness of the undersigned. Each of the undersigned authorize the bank to answer questions about his credit experience with the undersigned.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**TENANT INFORMATION FORM**

**GENERAL**

Trade Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Name of Contact(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_

(F) \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Proposed Use of Premises: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (W) \_\_\_\_\_ (F) \_\_\_\_\_

**EXISTING OPERATION**

Number of Stores: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Location(s): \_\_\_\_\_

Average Size: \_\_\_\_\_ SF Total Sales: \$ \_\_\_\_\_

Average Sales Per Store: \$ \_\_\_\_\_ Average Sales Per SF: \$ \_\_\_\_\_

Previous Operating Expense: \_\_\_\_\_

**PROPOSED OPERATION**

Projected Annual sales: \$ \_\_\_\_\_

Projected Sales Per SF: \$ \_\_\_\_\_

Proposed Cost of Fixtures and Inventory: \$ \_\_\_\_\_

General Comments: \_\_\_\_\_

Anticipated Opening Date: \_\_\_\_\_

Anticipated Date of Possession of Premises: \_\_\_\_\_

Anticipated Lease Execution Date: \_\_\_\_\_

# TENANT APPLICATION

## Personal Profile

### PERSONAL INFORMATION:

\_\_\_\_\_  
Name of Individual Social Security #

\_\_\_\_\_  
Address Date of Birth

\_\_\_\_\_  
City State Zip Years at this Address

\_\_\_\_\_  
Home Phone Number Work Phone Number Cell Phone Number

### BUSINESS INFORMATION:

\_\_\_\_\_  
Name of Business Type of Business Years in Business

\_\_\_\_\_  
Current Location(s)

### OWNERSHIP:

\_\_\_\_\_ Corporation \_\_\_\_\_ Years Incorporated \_\_\_\_\_ State

\_\_\_\_\_ Partnership \_\_\_\_\_ Individual

\_\_\_\_\_  
Name of Co-Signer Social Security #

\_\_\_\_\_  
Address Date of Birth

\_\_\_\_\_  
City State Zip Years at this Address

\_\_\_\_\_  
Home Phone Number Work Phone Number Cell Phone Number

### BANK REFERENCES:

\_\_\_\_\_  
Name of Bank Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Years Affiliated

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Phone Number

Account #

OTHER FINANCIAL INSTITUTIONS:

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Name of Bank

Contact Name

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Address

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City

State

Zip

Years Affiliated

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Phone Number

Account #

LANDLORD REFERENCES:

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(1) Contact Name

---

Address

---

City

State

Zip

Years Affiliated

---

Phone Number

---

(2) Contact Name

---

Address

---

City

State

Zip

Years Affiliated

---

Phone Number

VENDOR REFERENCES:

---

(1) Business Name

Contact Name

---

Address

---

City State Zip Years Affiliated

---

Phone Number

---

(2) Business Name Contact Name

---

Address

---

City State Zip Years Affiliated

---

Phone Number

PERSONAL REFERENCES:

---

(1) Name

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Address

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City State Zip Years Affiliated

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Phone Number

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(2) Name

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Address

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City State Zip Years Affiliated

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Phone Number