



Loan Questionnaire

(Attach Separate Questionnaire for Partners or Affiliates)

Borrower Name		Name of Borrowing Entity	
DBA Names(If applicable)		Corporation Yet To Be Formed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business Phone	Business Fax	Website	
Type Of Borrowing Entity	Corporation <input type="checkbox"/>	S-Corp <input type="checkbox"/>	C-Corp <input type="checkbox"/>
Partnership <input type="checkbox"/>	Ltd Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	LLC <input type="checkbox"/>
State Of Incorporation	Date Of Incorporation	Date Established	

Transaction Information

Purpose Of Loan	Purchase <input type="checkbox"/>	Refinance <input type="checkbox"/>	Cash-out Refinance <input type="checkbox"/>	Construction <input type="checkbox"/>
If purchase:	Purchase Price	Under Contract <input type="checkbox"/>	LOI <input type="checkbox"/>	Contract Expires When?
Price Includes Inventory?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Loan Amount	LTV	
Is Any Part Of Your Down Payment Borrowed (Including Home Equity Loan)?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is Or Will The Seller Hold A Second?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	How Much?		
Will The Fuel Supplier Be Providing Money Into The Transaction?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Your Total Equity Into The Transaction?	Can Funds Be Verified Now?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is Part Of Your Equity Coming From Overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Desired Closing Date		
Do You Currently Have Money In Escrow?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount?		
Do You Currently Have The Last Three Years Tax Returns Available?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Do You Currently Have The Last Three Years Profit/Loss Statements And Year-To-Date PNL?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Do You Currently Have The Last Three Years Fuel Gallonage Available?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Do You Currently Own The Business And Are Exercising Your Right To Purchase?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, Did You Originally Purchase Good Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	When?	How Much?	
If Business Only Purchase:	Is Your Lease With An Oil Company, Oil Jobber, Dealer Or Investor?			
Oil Company <input type="checkbox"/>	Oil Jobber <input type="checkbox"/>	Dealer <input type="checkbox"/>	Investor <input type="checkbox"/>	N/A <input type="checkbox"/>
Length Of Lease	Are You Being Offered A Trial One Year Lease?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Refinance:	When Did You Purchase Property?	How Much Did You Pay?		
What Is The Purpose Of The Refinance?	Rate/Term <input type="checkbox"/>	Build out/Improvements <input type="checkbox"/>	Cash-out <input type="checkbox"/>	
Are You Current On Your Mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, How Many Months Are You Behind?		
Are You In Foreclosure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	When Is The Foreclosure Sale Date?		
Are You Privately Financed Or Do You Have A Conventional/SBA Loan?	Private <input type="checkbox"/>	Conv. <input type="checkbox"/>	SBA <input type="checkbox"/>	
Do You Have A Balloon Due?	Yes <input type="checkbox"/> No <input type="checkbox"/>	What Is Current Balance Of All Loans?		
What Is Your Current Interest Rate?	Mortgage Holder			
Approximately How Much Have You Spent On Upgrades/Improvements, If Any				
If Paying Multiple Creditors, Please Remark At The End Of The Application To List In More Detail				
Do You Currently Have Last Three Years Tax Returns Available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, Years		
Do You Currently Have Last Three Years Profit/Loss Statements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, Years		
Do You Currently Have Last Three Years Fuel Gallonage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, Years		
Current Monthly Mortgage Payment				
If Construction:	Do You Currently Own The Land Free And Clear?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do You Have Building Permits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Quotes From Vendors/Contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Build Out / Addition / Improvements:	Do You Have Quotes From Vendors/Contractors?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Ownership of Applicant Company

Name	Title		Ownership %	
Birth Date	Birth Place	Social Security Number		
U.S. Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanent Resident Alien	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not citizen, alien registration number				
Employed By U.S. Govt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Military Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch Dates
Borrower Credit	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Bankruptcy?	<input type="checkbox"/> Year	IRS Liens?	<input type="checkbox"/>	Judgements? <input type="checkbox"/> Mortgage Lates? <input type="checkbox"/>
Ever Been Arrested For Criminal Offense?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Indictment, Parole, Probation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If yes to either question, please attach explanation)				

<u>Education</u>	<u>College/University</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Degree</u>
Do You Currently Own Other Additional Gas Stations/Convenience Stores? Yes <input type="checkbox"/> No <input type="checkbox"/> #?				

Residence / Address (No P.O. Box)				
City, State, Zip				
How Long Lived At Address?		If less than five years, list prior address:		
Residence / Address (No P.O. Box)				
City, State, Zip				
Telephone (W)		Cell		Fax
Telephone (H)			Email	

Work Experience
(List Chronologically With Present Employer/Business)

Employer (Dates)		Employer (Dates)	
Address		Address	
City, State, Zip		City, State, Zip	
Duties		Duties	
Employer (Dates)		Employer (Dates)	
Address		Address	
City, State, Zip		City, State, Zip	
Duties		Duties	
Three Years Direct Industry Experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How Many?	
Have You Attended An Oil Company School Before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Which/When?	

Property/Business Information

Property Address				
Type of facility (i.e. gas station, C-store, truck stop, car wash)				
When was the property built		Canopy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of MPD's?		Number of refueling points?	Pay at Pump?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Size of land?		Land Leased ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size of Building?
Other Competitors within subject market and distance				
Daily Customer Count				
Hypermarts nearby	What Type	Distance		
Car Wash	Yes <input type="checkbox"/> No <input type="checkbox"/>	Restaurant/QSR	Yes <input type="checkbox"/> No <input type="checkbox"/>	Franchise?
Last Appraisal?	Value?	Purchase fuel from jobber <input type="checkbox"/> oil company <input type="checkbox"/>		
Monthly inside sales average		Average Gross Margin %		
Monthly Fuel Gallonage average		Average pool margin		
Annual Fuel Gallonage	2008	2007	2006	
Diesel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Propane	Yes <input type="checkbox"/> No <input type="checkbox"/>	Kerosene
Are there or have there been any known or suspected environmental problems?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Is an environmental report available?		How recent?		
Site ever remediated?		No further action letter issued?		
Indemnification letter?		Site currently monitored?		
How many UST's?	Age of UST's?	Fiberglass/Steel		
Name of gas brand?		How many years under brand?		
Number of years as gas station/C-store?		What % of inside sales is lottery?		
Number of years you have operated location?		(If applicable)		
Annual R.E. Tax	Extra revenue sources	Type		

Investment Properties Only

Monthly Lease Payment		Term of lease		NNN Lease	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lease begins		Lease expires			

Bank References

Name of Bank	Type of Acct	Acct Number	Current Balance	Date Opened

Professional Assistance Contacts

Attorney Name		Firm	
Address			
City, State, Zip			
Telephone		Fax	
Contact			
Accountant Name		Firm	
Address			
City, State, Zip			
Telephone		Fax	
Contact			
Insurance Carrier		Policy Number	
Agent		Agency	
Telephone		Fax	
Petroleum Supplier		Terms	Approved Yes <input type="checkbox"/> No <input type="checkbox"/>
Address			
City, State, Zip			
Telephone		Fax	

Additional Credit References

Supplier		Supplier	
Address		Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Contact		Contact	
Type of Credit		Type of Credit	
Balance	Monthly pmt.	Balance	Monthly pmt.
Supplier		Supplier	
Address		Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Contact		Contact	
Type of Credit		Type of Credit	
Balance	Monthly pmt.	Balance	Monthly pmt.

Additional Remarks / Uses And Proceeds / Debts To Be Paid