

SELECTIVE REAL ESTATE INVESTMENTS

15840 Ventura Blvd., Suite 310
Tel (818) 995-4900 / Fax (818) 995-4911

REQUIRED GENERAL BUSINESS PLAN INFORMATION

RETAIL PROSPECTIVE TENANT QUESTIONNAIRE

Description of Business (*complete this form fully*)

- General description of proposed operation.
- Identify nature of business (i.e., traditional, promotional, discount, specialty, etc.)
- List products and/or services to be sold.
- Identify targeted price points/ranges.
- Description of the consumer the business will be targeting.
- Identify in detail the business management and employee personnel.
- Description of advertising and promotional including a detailed budget, initial grand opening and for the first year of operation.

Itemized Start-up Costs

- Detailed cost break down of Tenant Improvements including fixturization. The cost of any furniture and/or equipment and the business cost of the initial inventory.

Description of Interior Décor

- Floor plan of interior layout.
- Sample board of the color and materials to be used for the floor and wall coverings.
- Description of interior design there.

PERSONAL FINANCIAL BACKGROUND/STATEMENTS

- Fully complete financial application.
- Provide past two (2) years of completed tax returns. Include past two (2) years of profit and loss statements of existing business operations.

BUSINESS BACKGROUND EXPERIENCE

- Fully complete the business background form.

FIRST YEAR'S NET OPERATING EXPENSE SPREAD SHEET

- Fully complete income and expense worksheet.

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Tenant Name: _____
Trade Name: _____

1. How many Stores in Operation? _____

2. Appropriate gross sales of these stores? _____

3. Estimated gross sales for proposed location? _____

4. What percentage of gross sales is your advertising budget? _____

5. How and where do you plan to promote? _____

6. What will it cost you to fixturize? _____

7. What will inventory cost you? _____

8. Any other start-up costs? _____

9. How will you finance these costs? _____

10. What is your expansion plans for the future? _____

11. Why do you think you will be successful in this location? _____

Signature: _____

Date: _____

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SCHEDULE OF NOTES PAYABLE

Specify any assets pledged as collateral, indicating the liabilities they secure

1. _____
2. _____
3. _____
4. _____

CREDIT REFERENCES

1. Bank Name: _____ Telephone No.: _____

Bank Address: _____

Checking Acct. No.: _____ Saving Acct. No.: _____

2. Bank Name: _____ Telephone No.: _____

Bank Address: _____

Checking Acct. No.: _____ Savings Acct. No.: _____

INSURANCE

Life Insurance: \$ _____ Company Name: _____

Beneficiary: _____

ANNUAL INCOME:

Salary: _____

Salary: (spouse): _____

Securities Income: _____

Rental Income: _____

Other (describe):

1.

2.

3.

4.

TOTAL INCOME: \$ _____

ANNUAL EXPENDITURES

(exclude ordinary living expenses)

Real Estate Payment(s) _____

Rent: _____

Income Taxes: _____

Insurance Premiums: _____

Other (describe installment payments other than real estate)

1.

2.

3.

4.

TOTAL EXPENDITURES: \$ _____

*PLEASE ENCLOSE A COPY OF MOST RECENT FEDERAL INCOME TAX RETURN

I/we hereby authorize SELECTIVE REAL ESTATE INVESTMENTS to verify all information on this application by contacting the sources listed herein or any other sources available. I/We understand that information that does not verify, or cannot be verified, may result in this application not being approved. The undersigned certifies that the above statement and supporting schedules, both printed and written, give a full, true and correct statements of the financial condition of the undersigned as of the date indicated.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

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Name: _____ Social Security No: _____
Drivers License No: _____

Spouses Name: _____ Social Security No. _____
Drivers License No: _____

Number of dependents: _____
Present Home Address: _____
How Long? _____ Phone: _____
Previous Home Address: _____
How Long? _____ Phone: _____

Employed By: _____ How Long? _____
Address: _____
Position: _____ Phone: _____
Spouses Employer: _____ How Long? _____

PERSONAL FINANCIAL STATEMENT

ASSETS		LIABILITIES	
CASH IN BANK:		ACCOUNTS PAYABLE:	
CASH ON HAND:		NOTES PAYABLE:	
NOTES RECEIVABLE:		LOAN FROM BANK:	
ACCOUNTS RECEIVABLE:		TAXES PAYABLE:	
INVENTORY:		OTHER LIABILITIES DUE WITHIN ONE YEAR:	
TOTAL CURRENT ASSETS:		TOTAL CURRENT LIABILITIES:	
REAL ESTATE (DETAIL IN SCH. A):		R.E. MORTGAGES (DETAIL IN SCH. A):	
MACHINERY AND FIXTURES		NOTES & BILLS PAYABLE AFTER ONE YEAR:	
STOCKS & BONDS (DETAIL IN SCH. B):		OTHER LIABILITIES:	
AUTO(S) MAKE:			
CASH SURRENDER VALUE OF LIFE INSURANCE:			
OTHER ASSETS (DETAIL IN SCH. B):		TOTAL NON-CURRENT LIABILITIES:	
TOTAL NON-CURRENT ASSETS:		NET WORTH:	
TOTAL ASSETS:		TOTAL LIABILITIES AND NET WORTH:	

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SCHEDULE A – REAL ESTATE

LOCATION & TYPE OF IMPROVEMENTS:	TITLE HELD IN NAME OF:	ESTIMATED VALUE:	AMOUNT OWING:	TO WHOM PAYABLE:

SCHEDULE B – STOCKS, BONDS, AND OTHER ASSETS

DESCRIPTION	VALUE
	\$
	\$
	\$
	\$

BUSINESS BACKGROUND

NAME: _____ DBA: _____

TEL.: Home _____ Business: _____ Fax: _____

ADDRESS: _____

BUSINESS LOCATIONS

STORE LOCATIONS	TIME/YEARS at LOCATION	ANNUAL GROSS SALES
1.		
2.		
3.		
4.		
5.		

Note: Please include a copy of current profit and loss statement

THREE CREDIT REFERENCES

NAME	ADDRESS	TELEPHONE
1.		
2.		
3.		

OTHER PERTINENT BUSINESS EXPERIENCE APPLICABLE TO PROPOSED STORE

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AUTHORIZATION FOR CREDIT CHECK

Please complete the following information:

Your Name:

First Last Initial

Your Social Security Number:

Spouse's Name:

First Last Initial

Spouse's Social Security Number:

Residence Address:

Address

City State Zip

Federal legislation requires that any person(s) about whom a routine inquiry is being made to provide information concerning credit, character and general reputation, be so advised and give written authority to do so.

I / We have been so advised and hereby give my/our written authority:

Name: _____

Date: _____

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INCOME AND EXPENSES													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
INCOME													
NET SALES													
Cost of Sales													
GROSS PROFIT													
OPERATING EXPENSES													
Rent													
Employee Salaries													
Payroll Taxes													
Utilities and Telephone													
Insurance (except Auto)													
Advertising													
Maintenance & Supplies													
Office Supplies													
Interest													
Depreciation and Amortization													
Auto Expenses													
Promotion/Business Meetings													
Dues & I Subscriptions													
Other Misc.													
Officers Salaries													
TOTAL OPERATING EXPENSES													
NET PROFIT													