

TENANT APPLICATION FINANCIAL HISTORY AND QUESTIONNAIRE

| Cu | rrent Date/ | |
|----|--|---|
| 1. | Full Legal Name of Tenant: State of Incorporation, if applicable: Trade Name: Address: Parent Company (if subsidiary): Address: Phone: | |
| 2. | Nature of Business: Length of Time in Business: Current Landlord: Address: Name of Contact and Phone Number: Current Square Feet Occupied and Rent: | |
| 3. | Full Name & Social Security Number: Spouse Name & Social Sec. Number: Present Address: How long at the above address: Home Phone: | |
| 4. | References: | |
| | Bank: Name of Contact & Phone Number: | |
| | Major Vendor Name: Their Product/Service to you: Name of Contact and Phone Number: | |
| | Major Vendor Name: Their Product/Service to you: Name of Contact & Phone Number: | |
| 5. | Please provide the following: | |
| | For all companies: | Balance Sheet, Income Statement, Current YTD Balance Sheet and Income Statement |

For sole proprietors and corporations than ten (10) stockholders:

Balance Sheet and Income Statement for past 3 with less years. Current YTD Balance Sheet and Income Statement. Personal financial statement of the principals.

A PERSONAL GUARANTY IS REQUIRED FOR ALL SOLE PROPRIETORS AND SMALL CORPORATIONS.

| 5. | Name and title of person who will sign the lease: | | Name | Name: | |
|----|---|-------------------------|--------------|------------|--|
| | (if corporate officer, attach corporate authorization) | | Title: | | |
| | Name, title, and signature of person completing this form: Name: Title: | | | (seal) | |
| 7. | BUSINESS EXPER | <u>JENCE</u> | | | |
| | DATE | PLACE OF BUSINESS OR EM | MPLOYER | REFERENCES | |
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| | By signing this application, I/we expressly grant permission to Lavista Associates and SSP Peachtree, LLC to perform a credit investigation to be used in evaluating a contemplated lease agreement. It is understood that the results of any such credit investigation shall be kept confidential. | | | | |
| | DATE | | Signature of | Applicant | |
| | | | Signature of | Applicant | |