Loan Questionnaire

(Attach Separate Questionnaire for Partners or Affiliates)

Borrower Names				1	Name	of l	Borroy	wino	Entity	1				
DBA Name (if application	ahla)								Addition	l Ial B	Rueina	2000	Y	N 🗌
Business Phone	abie)		Rusina			OIIC	wei O	VVII				3363	_ • L	14
Borrowing Entity Corporation			Business Fax				Corp X Website					C-Corp		
							rietor				LLC			
State of Incorporatio	n			corpora		FIO	nietoi		Date Es	tabli		<u> </u>		
State of incorporatio	11	Da	te or inc	Jorpora	uon				Date ES	labii	Sileu			
<u>Transaction Information</u>														
Purpose of Loan	Purch	nase	Ref	finance			Cash-	out	Refinan	се [Con	structio	n 🗌
Total Project Cost			Equity Infusion						LTV	LTV				
Loan Amount			Secon	Secondary Financ					Fun	Funds Borrowed				
Under Contract	LOI [Contra	ct Expi	res				Sou	rce	of Fun	ds		
	Ownership of Applicant Company													
Name					Ti	itle		Р	resident					
Birth Date			Birth P	lace							izen		Yes 🗌	No 🗌
If not citizen, alien re	gistrat	ion numb	er											
Employed by U.S. Go		N/A		y Servic	e N	/A			Bra	nch/	Dates		N/A	
Education C	ollege/	University	y	Date	es Atte	ende	d		Maj	or			Degre	Э е
Social Security Num	ber				P	erce	ntage	of C	Ownersh	ip				
Borrower Credit		llent 🗌		Good [Fai				Poc		
		IRS Liens		\square N \square			ement		Y 🗌 N [Lates	N
Ever arrested for crir			Y [Jnde	r indic	tme	ent, parc	le, p	orobati	on	Y 🗌 N	
(If yes to either ques		ease attac	ch expla	anation)										
Address (No P.O. Bo	x)													
City, State, Zip														
How Long at Address					If	f les	s than	five	years,	list p	orior ac	ddres	SS:	
Address (No P.O. Bo	x)													
City, State, Zip														
Telephone (W)			Cell			_			Fax					
Telephone (H)					E	-ma	il							
	Wor	k Experie	<u>nce</u> - (L	ist Chro	onolog	jical	ly With	n Pro	esent Eı	nplo	yer)			
Employer (Dates)							oyer (Date	es)					
Address						\ddr								
City, State, Zip							State,	Zip						
Duties						utie								
Employer (Dates)							oyer (Date	es)					
Address						\ddr								
City, State, Zip							State,	Zip						
Duties					D	utie	S							
Property/Business Information														
Property Address														
Type of facility (i.e. g	as stat	ion, C-sto	re, truc	k stop,	car wa	ash								
When was the prope							Canop	οу	Yes				No 🗌	
Number of MPD's		Numb	er of re	efueling	points				Pay	at P	ump		Y 🗌 N 🛚	
Size of land			Leased				Y 🗌 N	1 🔲	Size	of E	Buildin	g		
Other Competitors w	ithin a	.hiaat ma		4 4:44										

Hypermarts nearby No					С	ustor	mer Count						
Restaurant/QSR Yes No Franchise? Purchase fuel from Jobber oil company Monthly Inside sales average Average Gross Margin % Average pool margin Average pool ma	Hypermarts nearby No What Type N			N/A									
Brand and avg, monthly sales Monthly Inside sales average Monthly Fuel Gallonage average Average Gross Margin % Average pool margin Z021							Yes No	F	rand	hise?	•		
Monthly Inside sales average Average Gross Margin %								uel from J					
Monthly Fuel Gallonage average Average pool margin										· · · · · ·			
Annual Fuel Gallonage													
Diesel Yes No Propane Yes No Kerosene Yes No Are there or have there been any known or suspected environmental problems? Yes No No Is an environmental report available? How recent? No further action letter issued? Yes No No further action letter issued? Yes No No further action letter? Yes No No further action letter issued? Yes No No further action letter? Yes No No further action letter? Yes No No further action letter issued? Yes No No further action letter? Yes No No further action letter? Yes No No further action letter issued? Yes No No No further action letter? Yes No No Indemnification letter? Yes No No further action letter issued? Yes No No further action letter issued? Yes No No further action letter issued? Yes No No Indemnification letter? No further action letter issued? Yes No No Indemnification letter? Yes No No Indemnification letter? No Indemnification letter issued? Yes No Indemnification lett		0.490	2	2022		., 0. 0.		j		202	0		
Are there or have there been any known or suspected environmental problems?		No 🗆			Yes	No		Kerosene	Sene			¬ No	
Is an environmental report available? Site ever remediated? Yes No No further action letter issued? Yes No No More action letter issued? Yes No No More action letter issued? Yes No No More and Issued action letter issued? What is of inside sales is lotter? What % of inside sale						_						_	_
Site ever remediated?				Juspeel							100		Ш
Indemnification letter?		. avanabio i		s 🗆 No				etter issu	ed?	ΥΓ	ĪN □	N/Δ	
How many UST's? Age of UST's? How many years under brand? Number of years as gas station/C-store? What % of inside sales is lottery? Number of years as gas station/C-store? What % of inside sales is lottery? Number of years you have operated location? Annual R.E. Tax									Ju.				
Name of gas brand? Number of years as gas station/C-store? Number of years you have operated location? Annual R.E. Tax						ite oc	inchay mor] 14/74		
Number of years as gas station/C-store? What % of inside sales is lottery? Number of years you have operated location? (If applicable) Number of years you have operated location? (If applicable) Number of years you have operated location? (If applicable) Number of years you have operated location? (If applicable) What is your monthly mortgage or lease payment? (If applicable) Number of years you have operated location? (If applicable) Number of the current lien holder (If applicable) Number of the current lien holder (If applicable) Number of years you have operated location? Number of the current lien holder (If applicable) Number of years you have operated location? Number of years you have or lease payment? Number of years you have year or lease payment? Number of years you have year or lease payment? Number of years you have year or lease payment? Number of years you have year or lease payment? Number of years you have year or lease payment? Number of year or lease year or lease payment? Number of year or lease year or lease payment? Number of year or lease year or lea			Age o			low m	nany vears i						
Number of years you have operated location? Annual R.E. Tax		ation/C-sto	re?										
Annual R.E. Tax				n?				aics is io	itery i				
What is your monthly mortgage or lease payment? Who is the current lien holder (if applicable) Loan balance (if applicable) Conventional/SBA loan (if applicable)						ιαρρ	ilcabic)	Type					
Who is the current lien holder (if applicable) Loan balance (if applicable) Investment Properties Only					/14	f ann	licable)	туре					
Conventional/SBA loan (if applicable) Investment Properties Only						ιαρρ	ilcabie)						
Investment Properties Only			icabie			'onvo	ntional/SRA	loan (if a	nnlica	hla)			
Monthly Lease Payment	Loan balance (ii applicable	₹)				Olive	IIIIOIIai/SDA	ioaii (ii a	ppiica	ibie)			
Lease begins Lease expires Bank References Name of Bank Type of Acct Acct Number Current Balance Date Opened Professional Assistance Attorney Name Address City, State, Zip Telephone Contact Accountant Name Address City, State, Zip Telephone Firm Address City, State, Zip Telephone Accountant Name Address City, State, Zip Telephone Fax Contact Insurance Carrier Agent Agent Agency Telephone Fax Petroleum Supplier Address City, State, Zip Telephone Fax Approved Yes \ No \ Address City, State, Zip			<u>ln</u>	<u>vestme</u>	nt Prop	<u>ertie</u>	s Only						
Name of Bank Type of Acct Acct Number Current Balance Date Opened Professional Assistance Attorney Name Address City, State, Zip Telephone Fax Contact Accountant Name Address City, State, Zip Telephone Fax Contact Accountant Name Address City, State, Zip Telephone Fax Contact Fax	Monthly Lease Payment		Term	of leas	e			NNN Lea	se		Yes [_ No	
Name of Bank Type of Acct Acct Number Current Balance Date Opened Professional Assistance	Lease begins				Le	ease	expires						
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 \ No \ Address City, State, Zip	Name of Bank	Type of Ac	ct					ent Baland	e e		Date	Open	ed
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 \ No \ Address City, State, Zip													
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 \ No \ Address City, State, Zip													
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Telephone Fax Contact Insurance Carrier Policy Number Agent Agency Telephone Fax Petroleum Supplier Terms Approved Yes No Address City, State, Zip													
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Insurance Carrier Agent Agency Telephone Fax Petroleum Supplier Address City, State, Zip					Fa	ax							
Agent Agency Telephone Fax Petroleum Supplier Terms Approved Yes No Carrow No City, State, Zip					T =			1					
Telephone Fax Petroleum Supplier Terms Approved Yes No Cartes City, State, Zip						-							
Petroleum Supplier Terms Approved Yes No Carte N					A								
Address City, State, Zip						Fax							
City, State, Zip	Telephone					ax							
	Telephone Petroleum Supplier			1		ax		Approv	ed		Yes	☐ No	• <u> </u>
T. L. Alexander	Telephone Petroleum Supplier Address			1		ax		Approv	ed		Yes	□ No	
Telephone Fax	Telephone Petroleum Supplier Address City, State, Zip			1	Terms			Approv	ed		Yes	□ No	

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.				

Referrer Contact Information

Referrer Name			Company		
Address					
City, State, Zip					
Phone		Fax		E-mail	

Additional Comments –		
Additional Comments —		
Additional Committee -		