

Loan Questionnaire

(Attach Separate Questionnaire for
Partners or Affiliates)

Borrower Names		Name of Borrowing Entity	
DBA Name (if applicable)		Does Borrower Own Additional Businesses	
Business Phone		Business Fax	
Borrowing Entity		Website	
Corporation <input type="checkbox"/>		S-Corp X <input type="checkbox"/>	
Partnership <input type="checkbox"/>		C-Corp <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		Refinance <input type="checkbox"/>		Cash-out Refinance <input type="checkbox"/>		Construction <input type="checkbox"/>	
Total Project Cost		Equity Infusion		LTV					
Loan Amount		Secondary Financing		Funds Borrowed					
Under Contract <input type="checkbox"/>		LOI <input type="checkbox"/>		Contract Expires		Source of Funds			

Ownership of Applicant Company

Name		Title		President	
Birth Date		Birth Place		U.S. Citizen	
Yes <input type="checkbox"/>		No <input type="checkbox"/>			
If not citizen, alien registration number					
Employed by U.S. Govt.		N/A		Military Service	
N/A		N/A		Branch/Dates	
N/A		N/A		N/A	
Education		College/University		Dates Attended	
Major		Degree			
Social Security Number		Percentage of Ownership			
Borrower Credit		Excellent <input type="checkbox"/>		Good <input type="checkbox"/>	
Fair <input type="checkbox"/>		Poor <input type="checkbox"/>			
Bankruptcy		Y <input type="checkbox"/> N <input type="checkbox"/>		IRS Liens	
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Judgements	
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Mortgage Lates	
Ever arrested for criminal offense		Y <input type="checkbox"/> N <input type="checkbox"/>		Under indictment, parole, probation	
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
(If yes to either question, please attach explanation)					
Address (No P.O. Box)					
City, State, Zip					
How Long at Address			If less than five years, list prior address:		
Address (No P.O. Box)					
City, State, Zip					
Telephone (W)		Cell		Fax	
Telephone (H)		E-mail			

Work Experience - (List Chronologically With Present Employer)

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	

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		Y <input type="checkbox"/> N <input type="checkbox"/>	
Size of land		Land Leased	
Y <input type="checkbox"/> N <input type="checkbox"/>		Size of Building	
Other Competitors within subject market and distance			

				Customer Count			
Hypermarts nearby	No <input type="checkbox"/>	What Type	N/A	Distance			
Car Wash	Yes <input type="checkbox"/> No <input type="checkbox"/>	Restaurant/QSR		Yes <input type="checkbox"/> No <input type="checkbox"/>	Franchise?		
Brand and avg. monthly sales				Purchase fuel from Jobber oil company <input type="checkbox"/>			
Monthly inside sales average				Average Gross Margin %			
Monthly Fuel Gallonage average				Average pool margin			
Annual Fuel Gallonage				2022	2021	2020	
Diesel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Propane	Yes <input type="checkbox"/> No <input type="checkbox"/>	Kerosene		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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?				Yes <input type="checkbox"/> No <input type="checkbox"/>	No further action letter issued?		Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>
Indemnification letter?				Y <input type="checkbox"/> N <input type="checkbox"/>	Site currently monitored?		Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>
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			
What is your monthly mortgage or lease payment?				(If applicable)			
Who is the current lien holder (if applicable)							
Loan balance (if applicable)				Conventional/SBA loan (if applicable)			

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

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

Referrer Contact Information

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

Additional Comments –