

Application for Financing

For the purpose of obtaining credit from you, I/We hereby make the following statement. Date: _____

CURRENT ADDRESS INFORMATION

Name of Applicant _____ Social Security # _____ Applicant's Age _____
 Spouse Name _____ Social Security # _____ Applicant's Age _____
 Home Address _____ Telephone _____
 Married or Single? _____ # of Dependents _____ How long at present address? _____
 If renting: Landlord's Name _____ Tel # _____ Contact _____ Mo. Rent \$ _____
 If own: Mortgage held by _____ Tel # _____ Acct # _____
 Title in name of _____ Contact _____ Mortgage Bal. _____ Mortgage Payment _____

EMPLOYMENT INFORMATION

Currently employed by _____ Business address _____
 Position occupied _____ Tel # _____ How long? _____ Salary \$ _____
 Name of your supervisor _____ His/Her position _____ His/Her Tel # _____
 If you own your own business, what kind? _____ Individual _____ Partnership _____ Corporation _____
 Name & address of business _____ How many years in business? _____
 Net monthly income from business \$ _____ Year to date \$ _____ Last year \$ _____
 Are financial statements and tax reports available on your business? Yes _____ No _____ (if yes, please attach)
 Spouse employed by _____ Business address: _____ Mo. Salary \$ _____
 Bank References: Are amounts reported before or after all deposits and fees? Before _____ After _____
 Bank _____ Bank Tel # _____ Ck Acct \$ _____ Savings Acct \$ _____
 Bank _____ Bank Tel # _____ Ck Acct \$ _____ Savings Acct \$ _____
 Accounts are in the name of _____

MISCELLANEOUS INFORMATION

Did you graduate from high school? Yes _____ No _____ Name of School _____ Year _____
 Did you graduate from college? Yes _____ No _____ Name of College _____ Year _____
 Life Insurance (Amount) \$ _____ Name of Company _____ Beneficiary _____

I/We hereby authorize JenCas Financial Inc., or its assigns, to contact banks and credit references to gather any and all information they may require for the purpose of credit investigation. I/We understand that circumstances may exist where additional information will be required.

Fax completed application to (501)851-1449

Signature _____

STORE LOCATION INFORMATION

Location of property in which equipment is to be installed:

Street # _____ City _____

County _____ State _____ Zip _____ Type of property _____

(a) Renting property from: Name _____ Address _____

Contact _____ Acct # _____ Tel # _____

Sub-lease is in name of _____ Date of Lease _____ Lease Expires _____

Present rental payment \$ _____ If rental payments increase later, need full details: _____

(b) If you own this property, who holds title? _____ Mortgage Co. _____

Contact _____ Acct # _____ Tel # _____

YOUR OPERATION INFORMATION

Exact trade-name under which you will operate: _____ Tel # _____

State if you expect to operate as: Individual _____ Partnership _____ Corporation _____

Give names, addresses, and social security numbers of partners or officers:

Name	Address	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR FINANCIAL INVESTMENT

What is your starting cash? \$ _____ Location of starting cash _____

Where is your starting cash derived from? Savings \$ _____ Loans \$ _____ Investments \$ _____

Contact _____ Acct # _____ Tel # _____

If you are borrowing any part of your starting cash:

From whom? _____ Amt \$ _____ Mo. Pay \$ _____ Collateral _____

Contact _____ Acct # _____ Tel # _____

Investment needed to open your business:

Rent Security _____ Franchise Fee _____ Start up expense _____ Other Start up _____

Total Start Up _____ Verified Cash _____ Excess funds available for working capital _____