



Car Wash Division

# 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 <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 <input type="checkbox"/>		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			
What is your monthly mortgage or lease payment?				(If refinance)					
Who is the current lien holder (If refinance)									
Loan balance (if applicable)				Conventional/SBA loan (if applicable)					

### Ownership Of Applicant Company

Name		Title	
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.		Military Service	
Branch/Dates			
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		IRS Liens	
Judgements		Mortgage Lates	
Ever arrested for criminal offense		Under indictment, parole, probation	
(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		Self Service <input type="checkbox"/>	
In-Bay Automatic <input type="checkbox"/>		Tunnel / Conveyor <input type="checkbox"/>	
Year Property Built		Type Of Construction	
Size Of Land		Size Of Building	
Land Leased		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Daily Customer Count		Distance From Closest Competitor	
Franchise		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name Of Franchise		Distance From Closest Competitor	
Are there or have there been any known or suspected environmental problems			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Annual R.E. Tax		Extra Revenue Sources? Type?	
Plate Reader		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

Referrer Contact Information

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