

Pony Express Loans and Investments

CONVENTIONAL LOAN APPLICATION

BUSINESS LOAN APPLICATION CHECKLIST

Please use this checklist as a guide to the documentation necessary to complete the processing of your

NOTE: Personal Forms/Information must be provided for each owner holding 20% or more of applicant business.

Complete and Sign the attached forms:

- Credit Check Authorization. Must be signed and dated by each Borrower/Guarantor
- Conventional Loan Application
- Business Projected Profit / Loss Statement with Assumptions to Projections
- Business Debt Schedule
- History of Business
- Personal Financial Statements on all Borrowers/Guarantors (dated within 60 days)
- Personal Budget / Cash Flow Statement
- IRS Form 4506 (one for each business and each borrower/guarantor)
- Resumes on each Borrower, Guarantor and Key Management Personnel
- Environmental Questionnaire

In addition, please provide the following:

- Accountant-Prepared Business Financial Statements (Profit & Loss, Balance Sheet)
- Business Federal Tax Returns for the past three fiscal years
- Interim Financial Statements within the past 60 days (if available)
- Affiliate Information. Interim income statement, balance sheet, debt schedule and past 3 years Federal Tax Returns. If you own 20% or more of any other business; that business is considered to be an affiliate.
- Personal Federal Tax Returns (for last 3 years) on all Borrowers/Guarantors
- Copies of Driver's Licenses and evidence of citizenship/residency for all principals
- Legal Entity Documents:
 - **Sole Proprietorship:** Copy of Fictitious Business Name Statement and Business License
 - **Corporation:** Articles of Incorporation and Bylaws
 - **Partnerships (General or Limited):** Partnership Agreement (with all exhibits)
 - **Limited Liability Company:** Articles of Organization (LLC-1) and Operating Agreement
 - **Trust:** Certification of Trust and copy of pages reflecting the name of the Trust, the names of the Trustees and their powers and the executed signature page.

Miscellaneous (as applicable):

- Executed Copy of Purchase Agreement and Escrow Instructions for purchase (if applicable).
- Copy of Preliminary Title Report (for purchase only). If available.
- Proof of Capital Injection (if applicable)
- Certificate of Trust (if applicable)
- Business Plan (for new business only)
- Copy of Current lease or proposed lease on Facility to be occupied
- Copy of Contract/Bid for work to be completed by Contractor; Construction Budget/Plans and Specifications

COMMERICAL LOAN APPLICATION

| BUSINESS INFORMATION | | | | |
|--|------------------|--------|-----------|-----|
| Company Name / DBA | Date Established | Tax ID | | |
| Business Street Address | | | Telephone | |
| City | State | Zip | Fax | |
| Use of Proceeds Address (if different from business address) | | City | State | Zip |
| Business Structure: | | | | |

| OWNERSHIP DISTRIBUTION (List stockholders, directors, partners and all holders of outstanding stock -- 100% ownership must be shown) | | | | |
|--|-------|----------|-------------|-----|
| Note: Attach separate sheet if additional space is needed | | | | |
| NAME | TITLE | # OF YRS | % OWNERSHIP | SSN |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| AFFILIATES (List below any business concern in which the applicant company or any of the individuals have any ownership) | | |
|--|-------|-------------|
| Note: Attach separate sheet if additional space is needed | | |
| NAME | TITLE | % OWNERSHIP |
| | | |
| | | |
| | | |
| | | |

| | | | |
|--------------------|------------------|-------------------------|--------------|
| Nature of Business | Year Established | Yrs at Present Location | Own or Rent? |
|--------------------|------------------|-------------------------|--------------|

| | | | |
|-----------------------------|-------------|-------------------|--|
| # of Employees: Before Loan | After Loan: | Business Tax ID#: | |
|-----------------------------|-------------|-------------------|--|

| | |
|--|----------------------------------|
| Current Bank & Address: | |
| Accountant: Contact Name | Telephone # (with area code) |
| Insurance Agent: Contact Name | Telephone # (with area code) |
| Attorney: Contact Name | Telephone # (with area code) |
| Proposed Vesting if Real Estate Purchase | Escrow/Title Co (if RE purchase) |

| List any previous SBA or other Federal Government Debt | | | | | |
|--|-------------------------|-----------------|----------------------|---------|---------------------|
| NAME OF AGENCY | ORIGINAL AMOUNT OF LOAN | DATE OF REQUEST | APPROVED OR DECLINED | BALANCE | CURRENT OR PAST DUE |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| BORROWER QUESTIONNAIRE | | YES | NO |
|---|--|------------|-----------|
| Are there any issues listed below, pending against the business or any of its affiliates or principle owners? a. Lawsuits b. Judgements c. Liens d. Foreclosure / Foreclosure proceedings List>>> | | | |
| Have there ever been any liens or stop notices filed on any construction jobs? | | | |
| Has the business or any of its affiliates or principal owners ever filed bankruptcy, including Chapter 11? | | | |
| Are any principals or your business(es) involved in any pending lawsuits? | | | |
| Does any applicant or their spouse or any member of their household, or any one who owns, manages or directs your business or their spouses or members of their household work for The Small Business Administration, Small Business Advisory Council, SCORE or ACE, and Federal Agency, or the participating lender? | | | |
| Does the business presently, or as a result of this loan, engage in export trade? | | | |
| * IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE | | | |

FINANCIAL INFORMATION

Credit Relationships: Please provide details of your business credit relationships below.

| NAME OF CREDITOR | PURPOSE OF LOAN | ORIG LOAN AMOUNT | AMOUNT PRESENTLY OWING | REPAYMENT TERMS | MATURITY DATE |
|------------------|-----------------|------------------|------------------------|-----------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PROJECT INFORMATION

ESTIMATED USE OF PROPOSED LOAN PROCEEDS

| | | | | |
|---|------|--|----------------------------------|------|
| Refinance Existing Bank Loan | \$ - | | Machinery & Equipment | \$ - |
| Other Debt Repayment | \$ - | | Furniture & Fixtures | \$ - |
| Land & Building Acquisition | \$ - | | Inventory Purchase | \$ - |
| Land Acquisition | \$ - | | Acquisition of Existing Business | \$ - |
| New Building Construction | \$ - | | Working Capital | \$ - |
| Building Improvements or Repairs | \$ - | | Other: | \$ - |
| Leasehold Improvements | \$ - | | Other: | \$ - |
| TOTAL CAPITAL REQUIREMENTS (sum of all categories above) | | | | \$ - |
| LESS: CASH BEING PROVIDED BY BORROWER (enter as a positive number) | | | | \$ - |
| LESS: FUNDS PROVIDED BY OTHER SOURCES (enter as a positive number) | | | | \$ - |
| LOAN AMOUNT REQUESTED | | | | \$ - |

MISCELLANEOUS INFORMATION

| | Yes | No |
|--|-----|----|
| Are there any outstanding tax liens or judgements filed against you or your company | | |
| Is the business an endorser, guarantor, or co-maker for any obligation not listed in the financial statements? | | |
| Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? | | |
| Are any principals or your business(es) involved in any pending lawsuits? | | |
| directs your business or their spouses or members of their household work for The Small Business | | |
| Does the business presently, or as a result of this loan, engage in export trade? | | |
| * IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET. | | |

CERTIFICATION

The undersigned certifies that, to the best of his or her knowledge and belief, all information contained in this loan application and in the accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify the Broker and/or Lender immediately of any material changes in this information. It is further agreed that, whether or not the loan herein applied for is approved, the undersigned will pay or reimburse the Broker and/or Lender for the costs, if any, of surveys, title or mortgage examinations, appraisals, etc., performed by non-Bank personnel with the consent of the applicant. The undersigned authorizes the Broker and/or Lender to contact any bank and trade creditors it deems necessary at any time and without further notice, and to obtain verification and/or reverification of any business and/or personal information contained in the application, including credit information from any source named in this application or through a credit reporting agency.

Business Name (print): _____

Applicant Signature: _____ Date: _____

Applicant Title: _____ Date: _____

Guarantor(s) Signature: _____ Date: _____

Guarantor(s) Signature: _____ Date: _____

Projected Profit / Loss Statement

| | | | |
|---------------------|------------------|-------------|-----------------------|
| Company Name | Signature | Date | Period Covered |
| | X | | From: To: |

| | 1st Month | 2nd Month | 3rd Month | 4th Month | 5th Month | 6th Month | 7th Month | 8th Month | 9th Month | 10th Month | 11th Month | 12th Month | Annual Total |
|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|--------------|
| Gross Sales or Receipts | | | | | | | | | | | | 1 | 1 |
| Less: Cost of Goods Sold | | | | | | | | | | | | 2 | 2 |
| Gross Profit | - | - | - | - | - | - | - | - | - | - | - | (1) | (1) |
| Less Expenses: | | | | | | | | | | | | | |
| Salaries & Wages (to others) | | | | | | | | | | | | | - |
| Salaries paid to Officers | | | | | | | | | | | | | - |
| Payroll Taxes | | | | | | | | | | | | | - |
| Accounting & Legal | | | | | | | | | | | | | - |
| Advertising | | | | | | | | | | | | | - |
| Travel & Auto | | | | | | | | | | | | | - |
| Office Supplies | | | | | | | | | | | | | - |
| Dues & Subscriptions | | | | | | | | | | | | | - |
| Telephone | | | | | | | | | | | | | - |
| Utilities | | | | | | | | | | | | | - |
| Repairs & Maintenance | | | | | | | | | | | | | - |
| Miscellaneous | | | | | | | | | | | | | - |
| Rent | | | | | | | | | | | | | - |
| Insurance | | | | | | | | | | | | | - |
| Licenses & Permits | | | | | | | | | | | | | - |
| Interest Expense | | | | | | | | | | | | | - |
| Taxes | | | | | | | | | | | | | - |
| Other: | | | | | | | | | | | | | - |
| Other: | | | | | | | | | | | | | - |
| Total Expenses | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Net Profit | - | - | - | - | - | - | - | - | - | - | - | (1) | (1) |

Assumptions to Projections

Business Name

Please use this page to explain the assumptions used to generate the projection figures. Be sure to include the specific reasons as to why the figures differ significantly from previous years for Revenues,

For **Motels** please also complete the following:

| | Period | | | | | | |
|--------------------|--------|-----|----|-----------|---|----------|---|
| Current: | | ADR | \$ | Occupancy | % | Expenses | % |
| *Projected: | | ADR | \$ | Occupancy | % | Expenses | % |

* Please be sure to explain any increase or decrease in ADR, Occupancy and Expenses below.

Explanations:

BUSINESS DEBT SCHEDULE

COMPANY NAME: _____ **DATE: *** _____

an asterisk (*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance)

| CREDITOR Name/Address | ORIGINAL DATE | ORIGINAL AMOUNT | PRESENT BALANCE | INTEREST RATE | MONTHLY PAYMENT | MATURITY DATE | COLLATERAL / SECURITY |
|---------------------------------|------------------|--------------------|--------------------|------------------|--------------------|------------------|--------------------------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| TOTAL PRESENT BALANCE ** | | | | | | | |

* Date should be the same as interim Financial Statement ** Total must agree with balance shown on interim

Signature *Date*

HISTORY OF BUSINESS

Company Name

Use separate attachments to answer questions if necessary.

NATURE OF BUSINESS

WHEN AND HOW WAS BUSINESS ESTABLISHED?

TYPE OF PRODUCTS / SERVICES

CUSTOMER PROFILE

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

MAJOR SUPPLIERS

GEOGRAPHICAL SALES AREA

MAJOR PAST ACCOMPLISHMENTS

FUTURE PLANS FOR GROWTH / EXPANSION

HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES?

IF YES, STATE HOW:

PERSONAL FINANCIAL STATEMENT

As of _____

stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

| | | |
|-------------------------------------|-------|-----------------|
| Name(s) | | Business Phone |
| Residence Address | | Residence Phone |
| City | State | ZIP |
| Business Name of Applicant/Borrower | | |

| ASSETS | | (Omit Cents) |
|--|-----------|--------------|
| Cash on hands & in Banks..... | \$ | |
| Savings Accounts..... | \$ | |
| IRA or Other Retirement Account..... | \$ | |
| Accounts & Notes Receivable..... | \$ | |
| Life Insurance--Cash Surrender Value Onl (Complete Section 8) | \$ | |
| Stocks & Bonds..... (Describe in Section 3) | \$ | |
| Real Estate..... Describe in Section 4) | \$ | |
| Automobile--Present Value..... | \$ | |
| Other Personal Property..... (Describe in Section 5) | \$ | |
| Other Assets..... (Describe in Section 5) | \$ | |
| Total..... | \$ | 0 |

| LIABILITIES | | (Omit Cents) |
|---|-----------|--------------|
| Accounts Payable..... | \$ | |
| Notes Payable to Banks and Others..... (Describe in Section 2) | \$ | |
| Installment Account (Auto)..... Mo. Payments _____ | \$ | |
| Installment Account (Other)..... Mo. Payments _____ | \$ | |
| Loan on Life Insurance..... | \$ | |
| Mortgages on Real Estate..... (Describe in Section 4) | \$ | |
| Unpaid Taxes..... (Describe in Section 6) | \$ | |
| Other Liabilities..... (Describe in Section 7) | \$ | |
| Total Liabilities..... | \$ | 0 |
| Net Worth..... | \$ | 0 |
| Total..... | \$ | 0 |

| Section 1. Source of Income | |
|-------------------------------------|----------|
| Salary..... | \$ _____ |
| Net Investment Income..... | \$ _____ |
| Real Estate Income..... | \$ _____ |
| Other Income (Describe below)*..... | \$ _____ |

| Contingent Liabilities | |
|---------------------------------------|----------|
| As Endorser or Co-Maker..... | \$ _____ |
| Legal Claims & Judgments..... | \$ _____ |
| Provision for Federal Income Tax..... | \$ _____ |
| Other Special Debt..... | \$ _____ |

Description of Other Income in Section 1.

* Alimony or child support need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

| Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and | | | | | |
|---|----------------------------------|-----------------|----------------|-------------------------|--|
| Name and Address of Noteholder(s) | Original Balance or Credit Limit | Current Balance | Payment Amount | Frequency monthly, etc. | How Secured or Endorsed Type of Collateral |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

| Number of Shares | Names of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
|------------------|---------------------|------|---------------------------------|----------------------------|-------------|
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |

Section 4. Real Estate Owne (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

| | Property A | Property B | Property C | Property D |
|-----------------------------------|------------|------------|------------|------------|
| Type of Property | | | | |
| Address | | | | |
| Percent Interest in property | | | | |
| Date Purchased | | | | |
| Original Cost (x % interest) | | | | |
| Present Mkt Value (x % interest) | | | | |
| Name & Address of Mortgage Holder | | | | |
| Mortgage Account Number | | | | |
| Mortgage Balance (x % interest) | | | | |
| Amt of Pmt./Mo. (x % interest) | | | | |
| Rental Income/Mo. (if applicable) | | | | |
| Status of Mortgage | | | | |

Section 5. Other Personal Property and Other Asset (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

| |
|--|
| |
|--|

Section 6. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount and to what property, if any, a tax lien attaches).

| |
|--|
| |
|--|

Section 7. Other Liabilities. (Describe in detail).

| |
|--|
| |
|--|

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).

| Company | Face Amount | Cash Value | Beneficiary |
|---------|-------------|------------|-------------|
| | | | |

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

| | | | |
|------------|-------|----------------------|--|
| Signature: | Date: | Social Security No.: | |
| Signature: | Date: | Social Security No.: | |

Personal Budget / Cash Flow Statement

Name(s):

Please provide the following information regarding sources and uses of cash during the calendar year and your projections for the current year. If a cash flow deficit exists, explain how the existing or requested debt will be serviced.

| Sources of Cash (Annual) | Prior Year Actual | Current Year Estimate |
|--|-------------------|-----------------------|
| 1. Salary / Draw from Subject Business | \$ | \$ |
| 2. Salaries, Commissions, Bonuses, or any other income from outside employment | \$ | \$ |
| 3. Rents received (Gross) | \$ | \$ |
| 4. Dividends | \$ | \$ |
| 5. Interest Income (recurring) | \$ | \$ |
| 6. Sale of Assets | \$ | \$ |
| 7. Royalties | \$ | \$ |
| 8. Distributions from Estates and Taxes | \$ | \$ |
| 9. Cash Distributions from business Partnerships or joint ventures | \$ | \$ |
| 10. Income Tax refund | \$ | \$ |
| 11. Other sources of cash (explain below) | \$ | \$ |
| TOTAL CASH RECEIVED | \$ \$0 | \$ \$0 |

| Use of Cash (Annual) | Prior Year Actual | Current Year Estimate |
|--|-------------------|-----------------------|
| 1. Residence Rent or Mortgage (Principal & Interest) | \$ | \$ |
| 2. Rental Mortgage(s) (Principal & Interest) | \$ | \$ |
| 3. Rental - Other (Cash Expenses) | \$ | \$ |
| 4. Auto Loans | \$ | \$ |
| 5. Installment Debt | \$ | \$ |
| 6. Credit Card/Revolving Debt | \$ | \$ |
| 7. Personal Expenses (rent, food, utilities, phone, clothing, medical, child care, etc.) | \$ | \$ |
| 8. Income Taxes not covered by withholding | \$ | \$ |
| 9. Miscellaneous (10% of income) | \$ | \$ |
| 10. Other Uses of Cash | \$ | \$ |
| Living Standard Adjustment (if applicable) | \$ | \$ |
| TOTAL CASH OUTLAYS | \$ | \$ |
| CASH FLOW SURPLUS (DEFICIT) | \$ | \$ |

FOOTNOTES:

This Cash Flow Statement is a part of my financial statement:

 APPLICANT'S SIGNATURE

 DATE

 CO-APPLICANT'S (SPOUSE) SIGNATURE

 DATE

MANAGEMENT RESUME

(COPY AS NEEDED FOR ALL PRINCIPALS AND MANAGEMENT)

Complete all sections using full first, middle and maiden names --- no initials. If an item is not applicable, please indicate. Duplicate form

| PERSONAL INFORMATION | | | | |
|----------------------------------|---------------|---------------------------------|-------------|--------------------------|
| First Name | Middle Name | Maiden Name | Last Name | |
| Social Security Number | Date of Birth | Place of Birth | US Citizen? | If no, give alien reg. # |
| Residence Phone (with area code) | | Business Phone (with area code) | | |
| Residence Address | City | State | Zip | How Long? |
| Previous Address | City | State | Zip | How Long? |

| | | | | |
|--|------------------------------|-------------------------|-------------------------|--------------------------|
| Spouse's Name | Spouse's Middle Name | Spouse's Maiden Name | Spouse's Last Name | |
| Spouse's Social Security Number | Spouse's Date of Birth | Spouse's Place of Birth | Is Spouse a US Citizen? | If no, give alien reg. # |
| Are You Employed by the U.S. Government? | If Yes, What Agency/Position | | | |

Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation?

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?

Are you or your business involved in any pending lawsuits?

If you answered Yes to any of the above, please furnish details in a separate exhibit.

| EDUCATION | | | |
|-------------------------------|---------------------------|-------|-----------------------|
| College or Technical Training | | | |
| Institution Name and Location | Dates Attended From/To | Major | Degree or Certificate |
| | | | |
| | | | |

| MILITARY SERVICE BACKGROUND | | | |
|-----------------------------|-----------------------------------|----|----------------------|
| Branch | From | To | Honorable Discharge? |
| Rank at Discharge | Major Assignment / Accomplishment | | |

| WORK EXPERIENCE (List chronologically, beginning with present employment) | | | |
|---|------|----|-------|
| 1) Company Name / Location | From | To | Title |
| Duties | | | |
| 2) Company Name / Location | From | To | Title |
| Duties | | | |
| 3) Company Name / Location | From | To | Title |
| Duties | | | |

Environmental Questionnaire

| BUSINESS INFORMATION | | | | |
|--|-------------------------------------|---|-----------------------|--------------|
| Borrowing Entity | | | | |
| Property Address | | | | |
| City | State | Zip | County | |
| Nearest Cross Street / Intersection | | Est Closing Date | Est LTV | Est Debt Ltv |
| Type of Loan (Please Check One) | | Lien Position | Construction Loan Y/N | Term |
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Re-Finance | | | |
| Loan Secured by: (check All That Apply) | | | Other Describe | |
| <input type="checkbox"/> Land | <input type="checkbox"/> Buildings | <input type="checkbox"/> Furniture and Fixtures | | |
| Describe the Current Uses of the Property | | | | |
| Describe the Past Uses of the Property (If unknown, so state) | | | | |
| Describe the intended use(s) of the Property (If same as current, so state): | | | | |

If the Property is/was used for Warehouse/Light Industrial purposes, describe the materials stored and/or Industry conducted:

| | | | |
|--|------------------------------|-----------------------------|--------------|
| If the Property is/was used for Warehouse/Light Industrial purposes, describe the materials stored and/or Industry conducted: | | | |
| Are there, or have there ever been, any of the following facilities occupying the property? | | | |
| | Yes | No | If Yes, When |
| Dry Cleaner | | | |
| Gas Station | | | |
| Hazardous Waste Generator | | | |
| Manufacturing Facility | | | |
| Have you ever received, or do you have knowledge of, any environmental site assessment, notice of violation, or other information from any governmental agency, environmental consultant, or public, private, or non-profit group that addresses environmental issues on the property? | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If Yes, please describe and attach copies: | | | |

Are there, or have there ever been, any of the following on or beneath the property?

| | Yes | No | If Yes, When and How Many |
|---------------------------------|-----|----|---------------------------|
| a. Underground Storage Tank(s) | | | |
| b. Above Ground Storage Tank(s) | | | |

If you checked YES to either a or b above, continue answering questions 1 through 10 below:

| | Yes | No | If Yes, When and Describe |
|--|-----|----|---------------------------|
| 1. Have the tank(s) been removed? | | | |
| 2. Are the tank(s) registered? | | | |
| 3. What is (was) the tank's contents? | | | |
| 4. When was the tank installed? | | | |
| 5. Have the tank(s) been integrity tested? | | | |
| If yes, when? - Did the tank(s) pass? | | | |
| 6. Has there ever been any evidence of leaking? | | | |
| If yes, describe corrective action taken: | | | |
| 7. Are the tank(s) covered by a separate insurance policy? | | | |
| 8. Are the tank(s) covered by a state fund? | | | |
| 9. Are they in compliance with 1998 EPA standards? | | | |
| 10. For AGST's only: Is there secondary containment? | | | |

The undersigned represents that the above statements are true and correct to the best of their knowledge and that no material facts have been suppressed or misstated.

| Legal Borrower (please print or type) | | Property Owner (please print or type) | |
|---------------------------------------|------|---------------------------------------|------|
| | | | |
| Signature | Date | Signature | Date |