

CREDIT APPLICATION

CUSTOMER INFORMATION:

Business Type: (check one) Proprietorship Corporation LLC Partnership FED ID# _____ State _____

Industry: (check one) Amusement (Route) Amusement (FEC, Arcade) Vending Carnival Coin Laundry Amusement Park

Gaming/Lottery Other _____

Year Business Started: _____ Annual Revenues in Most Recent Year _____ Average Split % _____ # of Employees _____

Pieces of Equipment: _____ Food/Plush/Music Costs: _____ # of Locations _____ Types of Locations: _____

Types of Equipment: _____

Business Name (correct legal name): _____
(IF A DBA, PLEASE IDENTIFY DBA NAME)

Business Mailing Address _____
(STREET) (CITY) (STATE) (COUNTY) (ZIP)

Business Telephone #: _____ Fax#: _____ Email Address: _____

Primary Contact Name(s): _____ Business Web Site Address: _____

How did you hear about Firestone? _____
(IF AN ADVERTISEMENT, PLEASE SPECIFY PUBLICATION NAME)

TRANSACTION INFORMATION:

Equipment Vendor _____ Vendor Phone # _____

Equipment Description (Year, Make, Model, Serial #) _____

Equipment Cost _____ Downpayment Amount (Please specify Cash or Trade) _____

Term Length Requested _____ Months Preferred for Payment (Seasonal Payment Request) _____

BUSINESS OWNER/OFFICER/MEMBER/PARTNER: *Note: If there are more than two, please copy application, fill out necessary info and sign authorization below.*

Name: Mr./Ms. _____ Soc. Sec.# _____ Title: _____ Ownership % _____
(CIRCLE ONE)

Home Address: _____ Home #: _____ Cell #: _____

Name: Mr./Ms. _____ Soc. Sec.# _____ Title: _____ Ownership % _____
(CIRCLE ONE)

Home Address: _____ Home #: _____ Cell #: _____

REFERENCES:

1. _____
(TRADE REFERENCE) (PHONE #) (CONTACT NAME) (YEARS WITH TRADE) (CURRENT BALANCE)

2. _____
(TRADE REFERENCE) (PHONE #) (CONTACT NAME) (YEARS WITH TRADE) (CURRENT BALANCE)

3. _____
(BUSINESS CHECKING ACCOUNT) (PHONE #) (CONTACT NAME) (ACCOUNT #) (CITY/STATE)

4. _____
(LOAN REFERENCE) (PHONE #) (CONTACT NAME) (LOAN/LEASE #) (CURRENT BALANCE) (MONTHLY PAYMENT)

CARNIVAL CUSTOMER ONLY:

Please mail the completed application with your most recent tax return, equipment list and route schedule to the Firestone address, or fax to 617-332-8032.

Which show do you operate on? _____ State Where Equipment Will Be Registered and Titled _____

Insurance Agency _____
(PHONE #) (CONTACT NAME) (FAX #) (CITY/STATE)

I submit the information hereof is true and complete, and I agree to furnish financial statements from time to time as you may request, and promptly notify you of changes in my financial circumstances. Authorization is given by signature(s) below for Firestone Financial Corp. to inquire about credit experience of above bank and trade references and to make inquiries of credit reporting agencies and authority is granted for stated references and credit reporting agencies to furnish this information.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Firestone Financial Corp. within 60 days from the day you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age, (provided the applicant has the capacity to enter into a binding contract): familial status, sexual orientation, ancestry, handicap or whether or not all or part of the person's income derives from any public assistance program; or whether the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Deposit Insurance Corporation, 15 Braintree Hill Office Park, Braintree, MA 02184. The state agency administers compliance with the state law is Massachusetts Commission Against Discrimination, One Ashburton Place, Boston, MA 02108.

Signed by Applicant: _____

Signed by Applicant: _____

Please provide a copy of your driver license with this application. Application and license may be emailed to websales@firestonefinancial.com or faxed to: 617.332.8032.



PERSONAL FINANCIAL STATEMENT AS OF: _____

FULL LEGAL NAME	SOCIAL SECURITY #	DATE OF BIRTH
JOINT APPLICANT	SOCIAL SECURITY #	DATE OF BIRTH
ADDRESS	COUNTY	CITY
EMPLOYED BY	YEARS	STATE
ZIP		
POSITION		
IF EMPLOYED LESS THAN ONE YEAR, PREVIOUS EMPLOYER		

The undersigned, for the purpose of procuring and establishing credit from time to time with you and to induce you to permit the undersigned to become indebted to you on notes, endorsements, guarantees, overdrafts or otherwise, furnishes the following (or in lieu thereof the attached) which is the most recent statement prepared by or for the undersigned as being a full, true and correct statement of the financial condition of the undersigned on the date indicated and agrees to notify you immediately of the extent and character of any material change in said financial condition, and also agrees that if the undersigned or any endorser or guarantor of any of the obligations of the undersigned, at any time fails in business or becomes insolvent, or commits an act of bankruptcy, or dies, or if a writ of attachment, garnishment, execution or other legal process be issued against property of the undersigned or if any assessment for taxes against the undersigned, other than taxes on real property, is made by the federal or state government or any department thereof, or if any of the representations made below prove to be untrue, or if the undersigned fails to notify you of any material change as above agreed, or if such change occurs, or if the business, or any interest without demand or notice. This statement shall be construed by you to be a continuing statement of the condition of the undersigned, and a new and original statement of all assets and liabilities upon each and every transaction in and by which the undersigned hereafter becomes indebted to you, until the undersigned advises in writing to the contrary.

ASSETS				LIABILITIES		
CASH		NAME OF BANK		NOTES PAYABLE TO BANKS		NAME OF BANK
CASH		NAME OF BANK		NOTES PAYABLE TO BANKS		NAME OF BANK
ACCOUNTS RECEIVABLE				NOTES PAYABLE TO OTHERS		NAME OF PERSON
STOCKS & BONDS (SCHEDULE B)				ACCOUNTS PAYABLE		NAME OF PERSON
CARS		YEAR	MAKE	TAXES OWED (STATE)		STATE
CARS		YEAR	MAKE	TAXES OWED (FEDERAL)		
REAL ESTATE (SCHEDULE A)				REAL ESTATE INDEBTEDNESS		
OTHER ASSETS 1.		DESCRIPTION		OTHER LIABILITIES 1.		DESCRIPTION
OTHER ASSETS 2.		DESCRIPTION		OTHER LIABILITIES 2.		DESCRIPTION
OTHER ASSETS 3.		DESCRIPTION		OTHER LIABILITIES 3.		DESCRIPTION
TOTAL ASSETS				TOTAL LIABILITIES		
				NET WORTH (Total Assets minus Total Liabilities)		

Tel. 800.851.1001 | Fax 617.332.8032 | www.firestonefinancial.com
27 Christina Street, P.O. Box 610325, Newton, MA 02461-0325



Contact **Dan McAllister** – VP Business Development
Extension 287 | Direct 617.641.9287

ANNUAL INCOME – LAST YEAR TAX RETURN FILED: 20_____

SALARY		
SPOUSE SALARY		
SECURITIES INCOME		
RENTAL INCOME		
OTHER INCOME	DESCRIPTION	
	DESCRIPTION	
	DESCRIPTION	
TOTAL INCOME		

ARE YOU A GUARANTOR ON OTHER DEBT?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please Describe	DESCRIPTION (ATTACH SHEET IF NEEDED)
ARE ANY OF YOUR ASSETS PLEDGED OR HYPOTHECATED?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please Describe	DESCRIPTION
ARE THERE ANY SUITS OR JUDGEMENTS AGAINST YOU?	<input type="checkbox"/> Pending <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Describe	DESCRIPTION
HAVE YOU GONE THROUGH BANKRUPTCY OR COMPROMISED A DEBT?	<input type="checkbox"/> No <input type="checkbox"/> Yes, When?	DATE

SCHEDULE A – REAL ESTATE

LOCATION & TYPE OF PROPERTY	TITLES IN NAME(S) OF	COST	PRESENT VALUE	AMOUNT OWING	DATE PURCHASED	TO WHOM PAYABLE
1.						
2.						
3.						

SCHEDULE B – STOCKS & BONDS

NUMBER OF SHARES AMOUNT OF BONDS	DESCRIPTION	CURRENT MARKET VALUE	LISTED ON
			<input type="checkbox"/> NYSE <input type="checkbox"/> AMSE <input type="checkbox"/> OTC <input type="checkbox"/> UNLISTED
			<input type="checkbox"/> NYSE <input type="checkbox"/> AMSE <input type="checkbox"/> OTC <input type="checkbox"/> UNLISTED
			<input type="checkbox"/> NYSE <input type="checkbox"/> AMSE <input type="checkbox"/> OTC <input type="checkbox"/> UNLISTED

If additional space is needed for Schedule A and/or Schedule B, list on a separate sheet and attach.

LIFE INSURANCE

BENEFICIARY	FACE VALUE AMOUNT	CASH VALUE	NAME OF COMPANY
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I, hereby certify that the information contained in my financial report, including supplemental schedules, and here by incorporated by reference, is (i) submitted to Firestone Financial Corp. and its affiliates for the purpose of obtaining credit, either as a principal or guarantor, and (ii) has been carefully examined by me and presents a true, accurate and complete statement of my financial condition as of the date shown. I further acknowledge that there are no misrepresentations or omissions of material facts in said financial report. As a supplement to my financial statement, attached is a schedule listing those of my assets which assets are presently pledged or hypothecated to third parties to secure the repayment of obligations to such parties in and a schedule listing other debts on where I am a guarantor or am contingently liable.

Signature : _____ Date _____

Joint Signature : _____ Date _____

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Laundry Questionnaire

Business Name: _____ New Store Existing Store

Address: _____ City: _____ State: _____ Zip: _____

Ownership:

Name: _____ Industry Experience: _____

Name: _____ Industry Experience: _____

Name: _____ Industry Experience: _____

Attendant / Manager Information:

Unattended Store Part Time (Hours: _____) Attended Full-Time Experience: _____

Facility:

Current Mthly Rent / Mtg. Payment: \$ _____ Triple Net: \$ _____

Scheduled Rent Increases _____

Landlord/Mortgagee Name: _____ Phone: _____

Address: _____

Term of Lease From: _____ To: _____ Term of Renewal Options: _____

Previous Use of Building: _____ Square Footage: _____ # of Parking Spaces: _____

Competition:

1) Name of Laundromat: _____

of miles from your laundromat: _____ Square Feet (estimated): _____

of washers & dryers (estimated): _____

Amenities: _____

Condition / Age of Facility and Equipment: _____

2) Name of Laundromat: _____

of miles from your laundromat: _____ Square Feet (estimated): _____

of washers & dryers (estimated): _____

Amenities: _____

Condition / Age of Facility and Equipment: _____



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Facility Revenue & Expenses:

LAUNDRY EQUIPMENT	# MACHINES	VEND PRICE	AVG. # CYCLES / DAY
Top Loaders			
Front Loaders	Single-Load		
	Double-Load		
	Triple-Load		
Tumble Dryers			
Stack Dryers			
Other			

Other Revenue Sources (Wash, Fold, Dry, Alterations, Video, Vending, etc)

Please write below: _____

Other Financing (Include terms): _____

Location Expenses	Projected Monthly Expenses
Base Rent	\$
Taxes	\$
Insurance	\$
Maintenance	\$
Utilities	\$
Gas	\$
Water	\$
Electric	\$
Other Expenses	\$
Hazard Insurance	\$
Pers. Property Tax	\$
Trash Collection	\$
Vending Costs	\$
Labor	\$
Parts	\$
Miscellaneous	\$

Population of Target Market: _____

Size of Target Market (radius miles): _____

Average Household Income of Target Market: _____

Laundromat Location (Select one):

Stand-alone building

Strip Center

Names of other businesses in strip center:

Names of other businesses in immediate area:

Explain visibility, traffic, parking for store:

Signature of Preparer: _____

Printed Name of Preparer: _____



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