

# Gas Station Questinnaire

Borrower Names		Name of Borrowing Entity	
DBA Name (if applicable)		Does Borrower Own Additional Businesses	
Business Phone		Business Fax	
Borrowing Entity		Website	
Partnership <input type="checkbox"/>		S-Corp X <input type="checkbox"/>	
Corporation <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.		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	
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
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"/>	
(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		Pay at Pump	
Number of refueling points		Y <input type="checkbox"/> N <input type="checkbox"/>	
Size of land		Size of Building	
Land Leased			
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		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.		Balance		Monthly pmt.	

**Referrer Contact Information**

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

**Additional Comments**