



TEEN DISCOUNT ZONE

Application Form

*This form must be filled out in its entirety in order for us to process your application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME _____ WORK _____ CELL _____

FAX _____ E-MAIL _____

SALES REPRESENTATIVE : _____

Where did you learn about us? _____

City store to be located in _____ . Anticipated opening date _____

What size store do you plan on opening?

_____ 800 – 1,000 S.F. _____ 1,000 – 1,500 S.F. _____ 1,500 – 2,000 S.F. _____ 2,000 – 2,500 S.F.

Please check any credit problems you have had in the last seven years:

____ Bankruptcy ____ Judgements ____ Slow Pay
____ Charge-offs ____ Tax Liens ____ Law Suits

The Total amount of available cash you have to put towards this business: \$ _____

BRIEF PERSONAL BALANCE SHEET

Assets	\$ _____	Liabilities	\$ _____
Cash in Bank	\$ _____	Credit Card Balance	\$ _____
Stocks & Bonds	\$ _____	Auto Loan Balance	\$ _____
401k	\$ _____	RE Mortgage (Primary) Balance	\$ _____
IRA	\$ _____	RE Mortgage (other) Balance	\$ _____
Automobiles	\$ _____	Installment Loans	\$ _____
Real Estate (Primary) Value	\$ _____	Balance	\$ _____
Real Estate (other) Value	\$ _____	Other Debts - _____	\$ _____
Other Assets - _____	\$ _____		
Total Assets	\$ _____	Total Liabilities	\$ _____

Net Worth (Total Assets minus Total Liabilities): \$ _____ Your Total Annual Income: \$ _____

Spouse's Total Annual Income: \$ _____

Will you or your spouse continue working in your current position? You: Yes ___ No ___ Spouse: Yes ___ No ___

Date _____

Signature _____ Print Name _____

Spouse's Signature _____ Print Name _____



TEEN DISCOUNT ZONE

CREDIT REPORT PERMISSION

NAME: _____

ADDRESS: _____

Street Address

City

State

Zip Code

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY #: _____ - _____ - _____

PLACE OF EMPLOYMENT: _____

SPOUSE'S NAME: _____

SPOUSE'S DATE OF BIRTH: ____/____/____

SPOUSE'S SOCIAL SECURITY #: _____ - _____ - _____

SPOUSE'S PLACE OF EMPLOYMENT: _____

My signature below authorizes Teen Discount Zone to obtain my consumer credit report.

Name

Signature

Date

Spouse's Name

Spouse's Signature

Date



TEEN DISCOUNT ZONE

FINANCIAL DOCUMENTATION CHECKLIST

Attn: Teen Discount Zone Store Customer

Please provide documents for the following checked items:

- CASH ON HAND – copy of last bank statement(s).
- STOCKS & BONDS – copy of last investment statement(s).
- RETIREMENT FUNDS (401K) – copy of last statement(s).
Funds withdrawn from retirement accounts may be taxable in the year of withdrawal.

Are you attempting to use your primary residence to secure a second mortgage or equity line of credit? Yes No

If you indicated yes please provide the following:

- PRIMARY RESIDENCE** – top page of home purchase agreement showing date purchased and amount paid. Last statement from lender which reflects mortgage balance and monthly payment. Last paycheck stub.
- OTHER PROPERTY** – please provide copies of purchase document and loan balance from last statement.
After we have received the requested documents would you like to discuss financing options with our Finance Advisor? Yes No Best time for us to call: _____.

Proper site location work cannot proceed without this documentation from you.

Please return requested documents with your deposit to avoid disruption of the site location process.
The use of this information is for preliminary purposes only. All information will be kept strictly confidential.