



One Buckhead Plaza
3060 Peachtree Road
Suite 225
Atlanta, GA 30305

(P) 404-364-9094
(F) 404-364-9095
www.blueridgecapital.com

AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

ON THIS _____ DAY of _____ 20___, intending to be legally bound and in consideration of the sum of Ten Dollars (\$10.00) paid by Blue Ridge Capital, to me/us, receipt of which is hereby acknowledged, I/we irrevocably authorize Blue Ridge Capital and their authorized agents and employees (all herein referred to as "Blue Ridge Capital") to obtain, at its expense, from any credit reporting agency all records, histories, summaries, reports, investigations and any other information (all herein referred to as Information) pertaining to my/our personal credit history including matters for which I am/we are or have been individually or jointly responsible as a guarantor.

I/we also authorize the release of information pertaining to my/our bank account at _____, account number (s) _____.

I/we hereby forever release, remise and discharge Blue Ridge Capital, from any claims, suits, liabilities, actions or contracts or warranties which may arise directly or indirectly, remotely or proximately from Blue Ridge Capitals' use or obtaining of any of the foregoing Information. However it cannot provide or show me a copy of any Information obtained nor can it discuss any specific information or items. Blue Ridge Capital shall use all reasonable efforts to maintain the confidentiality of all Information received in accordance with this Authorization. A copy of this Authorization shall be as valid and binding as the original. I/we have read and executed this authorization on the date first above recited.

Signed: _____ Printed Last Name: _____
Social Security Number: _____ Printed Full First Name: _____
Date of Birth: _____ Printed Middle Name: _____
Home Phone Number: _____ Suffix (Jr./Sr./Etc.): _____
Current Residential Address: _____
Former Residential Address: _____

2nd Party or Spouse, if applicable (Please Circle One)

Signed: _____ Printed Last Name: _____
Social Security Number: _____ Printed Full First Name: _____
Date of Birth: _____ Printed Middle Name: _____
Home Phone Number: _____ Suffix (Jr./Sr./Etc.): _____
Current Residential Address: _____
Former Residential Address: _____

TENANT INFORMATION FORM

A. GENERAL INFORMATION

1. Name of Business (Trade Name)

2. Name of Individual(s) who will sign lease

3. If your business is incorporated:

- (a) Name of Corporation
- (b) State of Incorporation
- (c) Federal ID Number
- (d) Name(s) of individuals
Guaranteeing Lease
Obligations

4. Legal Notice Address (No PO Boxes)

5. Address for Delivery of Documents
(if different than above)

6. Contact Information

- (a) Home Phone Number
- (b) Work Phone Number
- (c) Fax Number
- (d) Cell
- (e) Email Address

7. Proposed Use of Premises:
what will you sell, what services will you provide.

(Attach photos of other stores)

B. EXISTING OPERATION

1. Number of stores

2. Location(s)

- 3. Average Size (in square feet)
- 4. Average Annual Sales Per Store
- 5. Previous Experience

C. PROPOSED OPERATION

(Attach Business Plan)

- 1. How much is it going to cost you to open up your business
- 2. Projected Cost to Improve the premises
- 3. Projected Cost of Fixtures/Inventory
- 4. Approximately how much square footage will you need
- 5. Can you be open in 90 days
- 6. If no, when would you be interested in opening your business
- 7. What are the minimum hours you would be open for business
 - Monday through Friday
 - Saturday
 - Sunday

D. GENERAL COMMENTS

(Please provide any other information regarding your business and your experience that you think is pertinent).

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Name: _____
 Address: _____

To: _____
 Fax: _____

(I, We) make the following statement of all (my, our) assets and liabilities as of the _____ day of _____, 20__, and give other material information for the purpose of obtaining credit with you on notes and bills bearing (my,our) signature endorsement or guarantee and agree to notify you promptly of any change affecting (my, our) ability to pay.

ASSETS SOLELY OWNED (List here only those assets NOT jointly owned)		ALL LIABILITIES AND NET WORTH (List here all liabilities joint or otherwise)	
Cash (See Sched. 1)	\$	Notes Payable to Banks, Unsecured (See Sched 1)	\$
U.S. Government Securities		Notes Payable to Banks, Secured (See Sched 1)	
Listed Stocks and Bonds (See Sched. 4)		Notes Payable to Others, Unsecured	
Unlisted Stocks and Bonds (See Sched4)		Notes Payable to Others, Secured	
Accounts and Loans Receivable (See Sched.2)		Loans Against Life Insurance (See Sched. 3)	
Life Insurance - Cash Value (See Sched 3)		Mortgages Payable on Real Estate (See Sched 5)	
Real Estate (See Sched. 5)		Accounts Payable	
Automobiles		Interest Payable	
Other Assets (Itemize)		Estimated Capital Gains Tax	
		Other Taxes and Assessments Payable	
		Other Liabilities	
		Total Liabilities	
		Net Worth (= Assets - Liabilities)	
TOTAL ASSETS SOLELY OWNED		TOTAL OF ALL LIABILITIES AND NET WORTH	\$
JOINTLY OWNED ASSETS (Summarize here; Itemize on Sched. 6)		SOURCE OF INCOME	
Cash	\$	Salary	\$
Accounts, Mortgages, and Loans Receivable		Bonus and Commissions	
Stocks and Bonds		Dividends	
Real Estate		Real Estate Income	
Other Assets (Itemize):		Other Income (Itemize):	
		TOTAL INCOME	\$
		PERSONAL INFORMATION	
		Business or Occupation?	
		Partner or Officer in any other venture?	
TOTAL JOINTLY OWNED ASSETS		Dependents?	
TOTAL OF ALL ASSETS	\$		
Have you ever taken bankruptcy, made a composition settlement, or are you a defendent in any legal action? Explain			
Do you have any contingent liabilities personally or as co-maker, on leases or contracts, or Federal Income Tax Liability? Explain.			
Do you have a will? And if Yes, who is named as your executor?			

SCHEDULES

No. 1 Banking Relations (a list of all bank accounts including savings, not jointly owned and all loans joint or otherwise)

Name/Location of Bank	Account Number	Cash Balance	Amount of Loan	Maturity of Loan	Guaranteed or Secured

Name: _____
 Address: _____

To: _____
 Fax: _____

No. 2 - Accounts, Loans and Notes Receivable (A list of the largest amounts owing to me)

Name and Address of Debtor	Amount Owing	Age of Debt	Date Payment Expected	Description or Nature of Debt	Description of Security Held

No.3 - Life Insurance (Attach Schedule if necessary)

Owner of Policy	Name of Beneficiary	Name of Insurance Co.	Face of Policy	Total Cash Surrender Value	Total Loans on Policy	Policy Assigned

No. 4 - Stocks & Bonds (Attach Schedule if necessary)

Face Value or # of Shares	Description of Security	Registered in Name of:	Original Cost	Present Market Value	To Whom Pledged

No. 5 - Real Estate (Attach schedule if necessary)

Description or Street Number	Title in Name of:	Mortgages or Liens	Amount Payments	Original Cost	Present Market Value	Taxes Current?

No.6 - Jointly Owned Property - Details of summary on front page. (Attach schedule if necessary)

Assets	Value	Name of Joint Tenant
	\$	

These statements are delivered to _____ to induce it to extend credit from time to time and/or to continue its present extensions of credit, at its discretion, to the undersigned.

The undersigned hereby certifies that these statements are correct and complete and accurately reflect the condition and affairs of the undersigned at the date and for the period(s) stated and that said statements reflect all known liabilities, direct or contingent, as of the date thereof.

The undersigned also represents and warrants that to his knowledge there has to date been no material adverse change in the conditions or affairs of undersigned from the date of said statements.

The undersigned does hereby request and warrant that legal title to all property herein described or referred to, excepting only jointly owned property as separately scheduled herein as such, is in the sole name of the undersigned. Every person who is a party to this statement agrees that his/her separate property listed herein or herein referred to and property or interests in property into which property listed herein or herein referred to is converted or re-converted, including his/her interest in property jointly, by entirely or in common with another party to this statement, shall be available to the bank for payment of all indebtedness or other obligations of the parties making this statement, or either of them, either voluntarily or involuntarily by levy of execution or otherwise.

_____ is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein, and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes the bank to answer questions about its credit experience with the undersigned.

Date _____

Signed _____

Social Security # _____

Date _____

Signed _____

Social Security # _____