



New Commercial Client Info Sheet

Any and All data listed on this form is deemed confidential and is protected by Florida Statute 475.278. This collected data is used to gauge the intended prospects' ability to secure a subject property. It may be used in the event a submission of a criminal background and/or credit check is deemed required for the sake of approval in a transaction to acquire real property.

1. PROPERTY & PROPOSED USE

Desired Location or Area _____ Zip _____ Square Footage _____

Proposed Use _____

2. ENTITY OR INDIVIDUAL

Applicant wishes to enter the lease as an: Entity Individual

If Applicant wishes to enter the lease as an ENTITY, please complete sections 3 and 10-12.

If Applicant wishes to enter the lease as an INDIVIDUAL, please complete sections 5-12.

If Applicant is a FRANCHISEE or a FRANCHISOR, please complete section 4 in addition to all applicable sections as noted above.

3. ENTITY

Applicant wishes to enter the lease as an: INC LLC LP Other _____

Entity Name _____ FEIN _____
(Federal Employer Identification Number)

State of Formation _____ Year of Formation _____ Entity Website _____

Phone No. _____ Cell No. _____ Email _____

Entity Address _____ State _____ Zip _____

If Applicant is an entity, an individual must guaranty the lease. Please provide guarantor information by completing sections 5-9.

4. FRANCHISE

Applicant wishes to enter the lease as a: Franchisee Franchisor (If Applicable)

Franchisor Name _____ State of Formation _____

Franchisor Address _____ State _____ Zip _____
(If different from entity address)

5. INDIVIDUAL/ GUARANTOR

Applicant Full Name _____ Social Security No. _____

Driver's License No. _____ Date of Birth _____ Age _____ Female Male

Phone No. _____ Cell No. _____ Email _____

Primary Address _____ State _____ Zip _____ Own Rent

If located at the above address for less than two (2) years, please complete the following.

Former Address _____ State _____ Zip _____ Own Rent

Unmarried Married Separated
(Single, divorced, widowed)

If married or separated, please provide the following spousal information. Spousal signature is required on page 6.

Spouse Full Name _____ Social Security No. _____

Driver's License No. _____ Date of Birth _____ Age _____ Female Male

Phone No. _____ Cell No. _____ Email _____

If spousal address is different from above, please complete the following.

Primary Address _____ State _____ Zip _____ Own Rent

6. EMPLOYMENT & MONTHLY INCOME

Current Employment Unemployed

Employer Name _____ Your Title _____

Employer Address _____ State _____ Zip _____

Phone No. _____ Cell No. _____ Email _____

Type of Business _____ No. Years on this job _____

Income Source	Total Gross Monthly Income	Will this income continue?		*Please be detailed when describing Other Income Streams
		Yes	No	
Base Employee Income				
Bonuses				
Commissions				
Dividends				
Interest				
Other Income*				
Total:				

*If including a Spouse, be sure to combine Total Gross Monthly Income

7. SCHEDULE OF REAL ESTATE

	Address	Market Value	Loan Balance	Ownership %	Lender Name
1					
2					
3					
4					
5					

Please use additional sheet(s) if necessary.

8. ASSETS & LIABILITIES

Liabilities and Pledged Assets. Please list all assets and liabilities. List the creditor's name(s), address(es) and account number(s) for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Please use additional sheet(s) if necessary.

Please indicate if the following information reflects sole or jointly held assets and liabilities.

Sole Joint

Assets		Liabilities			
Assets	Cash/ Market Value	Liabilities	Monthly Payment	Months Left to Pay	Unpaid Balance
Bank, S&L or Credit Union Name and Address:		Liabilities Company Name and Address:			
Account No.:		Account No.:			
Bank, S&L or Credit Union Name and Address:		Liabilities Company Name and Address:			
Account No.:		Account No.:			
Bank, S&L or Credit Union Name and Address:		Liabilities Company Name and Address:			
Account No.:		Account No.:			
Bank, S&L or Credit Union Name and Address:		Liabilities Company Name and Address:			
Account No.:		Account No.:			
Stock & Bonds Name & Description:		Liabilities Company Name and Address:			
Account No.:		Account No.:			
Life Insurance Net Cash Value:		Alimony/ Child Support/ Separate Maintenance Payments:			
		Job Related Expense: (child care, union dues, etc)			
Total Liquid Assets:		Total Monthly Payments:			
Real Estate Owned: (enter market value)		Total Liabilities (B):			
Vested Interest in Retirement Fund:					
Net Worth of Business(es) Owned: (attach financial statement)					
Automobile(s) Owned (make & year):					
Total Other Assets:					
Total Assets (A):					
Net Worth (A - B):					

9. INDIVIDUAL DECLARATIONS

If you answer "Yes" to any questions 1 through 10, please use additional sheet(s) for explanation.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are there any outstanding judgments against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a party to a lawsuit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you declared bankruptcy within the last seven (7) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had property foreclosed upon, given title or deed in lieu thereof in the last seven (7) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you, directly or indirectly, been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? <i>(This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond or loan guarantee. If "Yes," please provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for such action.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you presently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation bond or loan guarantee? <i>(If "Yes," please provide details as described in the preceding question.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you obligated to pay alimony, child support or separate maintenance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you a co-maker or an endorser on a note? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you a U.S. citizen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you a permanent resident alien? | <input type="checkbox"/> | <input type="checkbox"/> |

10. BUSINESS OPERATION, REVENUE & EXPENSES

Please use additional sheet(s) if necessary.

PART A: BUSINESS OPERATION

1. What kind of business do you propose to operate? Please provide a copy of your business plan, if available.

2. What type of merchandise, food and/or services will you be providing at this location? If you plan on operating a restaurant, please provide a sample menu with pricing. If you operate a retail store, please list brand names and price ranges.

3. How will you operate your new business at the proposed location? Who will manage? How many employees will you have?

4. What is your experience at operating such an enterprise? Please provide specifics as to dates, time and locations as it relates to your experience.

11. REQUIRED DOCUMENTS

! Please attach these additional documents with submission:
 *These will be required as attachments to any Letter of Intent to Purchase or Lease under standard practice

INDIVIDUAL named as tenant & GUARANTOR(S), please provide the following:	ENTITY named as tenant, please provide the following:
<ul style="list-style-type: none"> a. Federal individual tax returns for the past two (2) years, including all schedules b. Bank statements for the most recent past two (2) months, including all checking and investment accounts (excluding retirement) c. A Copy of Individual(s) valid drivers license, U.S. Passport or State ID 	<ul style="list-style-type: none"> a. Federal tax returns for the past two (2) years, including all schedules b. Bank statements for the most recent past two (2) months, including all major accounts, if available c. A file-stamped copy of all entity formation documents (ie: Articles of Incorporation, Articles of Organization or Certificate of Formation from the Secretary of State, including any amendments thereto) d. A copy of the bylaws or operating agreement, including any amendments thereto, sufficient to establish evidence of signature authority e. Certificate of Good Standing from the Secretary of State, for both the State where the entity was formed and the State where the leasehold property is located

12. AUTHORIZATION

It is understood that the information submitted on this New Commercial Client Info Sheet will be used to determine the Clients (and partners, or spouse, if applicable) eligibility for tenancy approval for a commercial property opportunity. This form is not a contract binding the Client(s) to a property; it is used as a scaling tool for broker calculations to fully disclose pertinent information to the representing broker to ensure the strongest negotiations to meet the Clients and/or Entities' needs.

I hereby authorize SODO Commercial Group brokered by EXP Realty to act as my legal real estate representative. A copy of this signed document may be accepted as an original and warrants an exclusive relationship agreement. The signing party grants SODO Commercial Group the exclusive right to work with and assist the client in locating and negotiating the acquisition of suitable real property. The term "Acquire" includes any sale, purchase, options, exchange, lease, or other acquisition of ownership or equity interest in real property. The effective date will begin on the date in which this document is executed and all acting agents under SODO Commercial Group will consistently serve in the client's best interest. These terms as described above are indeed a summary of the FL FAR BAR EBBA-6tb form and are based on the standard 3% commission paid by a Seller or Landlord to an Associate of SODO Commercial Group, state the obligations of both the Client and the Associate and expires upon a calendar year of the execution date.

The Signing Client hereby represents that the above statements (or in lieu thereof, the attached statement, as the case may be) and supporting schedules, both printed and written, give full disclosure of the financial condition of the undersigned as of the date indicated. Any intended false statements made above may result in denial of securing a property efficiently.

 Clients Full Name

 Clients Signature

 Date

 Spouse or Partners Name
(If Applicable)

 Spouse or Partners Signature

 Date

 SODO Commercial Group



 SODO Commercial Group Authorized Signature

 Date