



AZTEC FINANCIAL SERVICES

PH: 813-261-5125 FAX: 813-814-1266

Contract Number
Application Date
Aztec Originator
Other

COMMERCIAL MORTGAGE APPLICATION

Property Type: RETAIL/GAS STATION

Borrower Information

Borrower's Legal Name _____ Date _____

Borrower Type Corp Individual Trust LLC Proprietorship Partnership Non-Prof Other _____

Contact Name _____ Tax EIN # _____

Address _____ City _____ ST _____ ZIP _____

Phone & Ext. _____ Cell _____ Fax _____

Contact Email _____ Contact Web Site _____

Net Worth \$ _____ Personal FICO (Credit) Score _____ Previous Bankruptcy (Circle) Y N If Yes, Year? _____

Loan Information

Loan Name/Description _____

Recourse Preference Recourse Non-Recourse Negotiable Contractor Name (if applicable)? _____

Loan Purpose Purchase Refinance Construction Date Permits Pulled (if applicable)? _____

If Purchase, Purch Price \$ _____ Closing Date _____

If Refinance, Loan Balance \$ _____ Previous Interest Rate _____% Type: Fixed _____ Variable _____

Cost of Recent Improvements \$ _____ Improvements Documented Yes ___ No ___ Unknown _____

If Constr, Constr Cost+Land \$ _____ Completion Date _____

Property Information

Property Name _____ # of Bldgs Sq Footage of Each _____

Land Area _____ Date of Last Sale _____ No. of Pad Sites _____

Last Appraised For \$ _____ Appraiser Name _____ Last Sale Price \$ _____

Date Of The Last Appraisal _____ Estimated Fair Mkt \$ _____ Is There Special Zoning? _____

Owner-occupied Y N Hwy Access Y N Hwy Visible Y N Corner Lot Y N Interstate/Expswy _____ Average Daily Traffic _____

No of Loading Docks _____ Dock Height _____ At Grade _____ Both _____ Unknown _____ # Of Offices _____ Bathrooms _____

Surrounding Land Use: Similar Ret _____ Higher Scale Ret _____ Lower Scale Ret _____ Office _____ Ind _____ Res _____ Other _____

Gas Station? _____ Size of Tank _____ Year Installed _____ (See Attached Sheet For Additional Questions)

Building Information

Address _____ City _____ ST _____ Zip _____

of Stories _____ Yr Built _____ Year Renovated _____ # of Elevators _____ General Appearance: Avg _____ Above _____ Below _____

No of Covered Parking Spaces _____ Uncovered _____ Sprinkler _____% HVAC _____% Other _____

Est. Market Vacancy _____% Gross Building Area _____ Sq Ft Net Rental Area _____ Sq Ft

Digital Photographs Inside and Outside of Building Provided Y N Please Include Photos Or Send Via E-mail

Owner(s) Information
 Attach Second Sheet If Necessary

Owner Name:	Owner Name:
Home Address:	Home Address:
Social Security Number :	Social Security Number :
% of Ownership:	% of Ownership:
Annual Compensation: \$	Annual Compensation: \$

Officer & Director Information (If Not Listed Above)

Owner Name:	Owner Name:
Home Address:	Home Address:
Social Security Number :	Social Security Number :
% of Ownership:	% of Ownership:
Annual Compensation: \$	Annual Compensation: \$

General Information

Number Of Employees At Time Of Application:	Number Of Employees Expected After This Loan:
Accountant's Name & Phone:	Attorney's Name & Phone:
Insurance Agent's Name & Phone:	Other Insurance (Life/Hazard) Agent's Name & Phone:
Bank Contact: Phone:	Mortgage Contact: Phone:
Address:	Address:
Account #: Fax #:	Account #: Fax #:

DECLARATION

The above information, together with any accompanying financial statements, schedules or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, personal guarantor or a sole proprietor of the credit applicant, recognizes that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry as to their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Aztec Financial Services LLC (AFS) and its assignees harmless for same. AFS is hereby authorized to investigate (directly or through an agent or nominee) your/their credit and financial standing. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). The applicant further agrees to notify AFS promptly of any material change in any such information they may provided in conjunction with this application.

Applicant(s) are to Personally Guarantee – Guarantor(s) Must Provide Signature(s) To Enable Credit Investigation.

Federal Equal Credit Opportunity Act (FECOA)

In the event that your application for business credit is denied, you have the right to a written statement of the reason of denial. To obtain that statement please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity Washington, DC 20580.

Applicant	Signature	Title	Date
Applicant	Signature	Title	Date
Applicant	Signature	Title	Date
Applicant	Signature	Title	Date

FAX TO AZTEC AT: 813-814-1266

AZTEC FINANCIAL SERVICES LLC

PH: 813-261-5125 OR 877-298-3219

550 N. Reo St. Suite 300, Tampa FL 33609 www.aztecfs.com credit@aztecfs.com

AZTEC FINANCIAL SERVICES – Retail Gas Station

Rent Roll

Building Name _____

Rent Roll Date _____

No.	Tenant Name	Suite #	Tenant Type	Leased Area	Annual Rent	Lease Start	Lease Expire	Occupied Since	Options/Term	Borrower Affiliated Y/N	Percentage Lease Y/N	Reimbursements: Y / N				
												CAM/Unt	Taxes	Insurance	Mgmt	
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AZTEC FINANCIAL SERVICES -- Retail
Income- Expense

Building Name _____

Item	3rd Preceding Year _____	2nd Preceding Year _____	Preceding Year _____	Y-T-D # of MO. ____	Trailing 12 Months	Adjustments	Final	Notes
Base Rent								
Expense Reimbursements								
Percentage Rent								
Parking Income								
Other Income								
Vacancy & Coll. Loss								
Effective Gross Income								
Real Estate Taxes								
Property Insurance								
Utilities								
Repairs and Maintenance								
Janitorial								
Management Fees								
Payroll and Benefits								
Advertising and Marketing								
Professional Fees								
General and Administrative								
Other Expenses								
Ground Rent								
Total Operating Expenses								
Net Operating Income								
Leasing Commissions								
Tenant Improvements								
Cap Ex. (Repl. Reserves)								
Extraordinary Capital Exp.								
Total Capital Items								
Net Cash Flow								

GAS STATION

1 Independent Operator or Gas Affiliation: _____

2 Renovation Information Overview:

3 Please provide list of equipment needed and costs on a separate sheet.

5 Name of Contractor _____

Address _____

City, State and Zip Code _____

Phone Number _____

6 Has the property had a Phase I Environmental review? _____

7 What was the outcome of that review? _____

8 Is your station part of the State of Florida reclamation project? If so please provide overview of status:

9 Name of gas tank insurer if different than noted on page 2:

Name _____

Address _____

City, State and Zip Code _____

Phone Number _____

10 Please breakout of income and profit from each of the following for last year:

	INCOME	PROFIT
GAS	_____	_____
CONVENIENCE STORE	_____	_____

Was the percentage of income to profit approximately the same in previous years?

11 Approximately how many other gas stations are within a 1/4 mile of your location? Brands?
