



New Club/Expansion Profile

Name of New Club:		Federal I.D.#	
Club Address		Business Phone	Projected Open Date

About Your New Club Financing Request

Total Amount Requested: \$	<input type="checkbox"/> New Club	<input type="checkbox"/> Expansion
List Specific Lenders you are currently applying to or considering:		

Owner 1

Name		Social Security Number	
Home Address		City, State, Zip	Home Phone:
Percent Ownership %	Industry Experience		No. of Years
Ownership Experience		Role In New Club	
Your Email Address:			

Owner 2(if applicable)

Name		Social Security Number	
Home Address		City, State, Zip	Home Phone:
Percent Ownership %	Industry Experience		No. of Years
Ownership Experience		Role In New Club	
Your Email Address:			

Owner 3 (if more than three owners, list other owners on a separate sheet of paper)

Name		Social Security Number	
Home Address		City, State, Zip	Home Phone:
Percent Ownership %	Industry Experience		No. of Years
Ownership Experience		Role In New Club	
Your Email Address:			

Bank Reference

Bank Name:	Account #	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	Phone Number:
Branch Address:		Contact:	
Active Leases:	Account #	Contact	Phone#
			Equipment Leased

About your New Club

Club Size Sq. Ft.	# of Floors	Amenities	
Own/Lease Building <input type="checkbox"/> Own	Name of Lender (name, address, phone #)		
Purchase Price \$	Amount Financed \$	Term of Loan Years	Monthly Payment \$
<input type="checkbox"/> Lease	Name of Landlord	Phone Number ()	
Term of Lease Years	Amount of Lease Payment \$	Renewal Options	
Description of Location _____			
Competition (Name of Club) 1 _____		Proximity of Your Club 1 _____	
2 _____		2 _____	
3 _____		3 _____	
4 _____		4 _____	

About Your Existing Club(s)

Name of Club		Phone Number ()			
Street Address/City/State/Zip		Franchise Affiliation			
Time in Operation Years	Time Current Ownership Years	Size of Club Sq. Ft.	No of Members	Total Mo. Revenue \$	Monthly EFT \$
Owner No 1.	% of Ownership %	Owner No. 2	% of Ownership %		
Owner No. 3	% of Ownership %	Owner No. 4	% of Ownership %		

Financial Information To be Included

- Signed Application
- Business Plan/Proforma
- Personal Financial Statements on all Principals signed and dated
- One (1) or Two (2) Years Tax Returns on all Principals
- If Cross Corporate Guaranty(s) is available, please include Corporate Year End Financial Statement or Business Tax Return
- "Source and Use of Funds" Statement

On reverse side or separate page, please briefly describe your company, its' niches, history and operations.

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Macrolease Corporation to obtain from third parties, information it deems necessary to arrive at a decision regarding this application. To help fight terrorism and money laundering, the information will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Macrolease Corporation, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to Macrolease Corporation, its designee, assigns or potential assigns by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

RIGHT TO REQUEST SPECIFIC REASON FOR CREDIT DENIAL GIVE AT TIME OF APPLICATION (BUSINESS CREDIT)

Creditor's Name: Macrolease Corporation
 Creditor's Address: 1 West Ames Court, Plainview, New York 11803

Macrolease Salesperson _____

If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact Macrolease Corporation within 60 days from the date you are notified of our decision. We will send you a written statement of reason for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, martial 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 compliance with this new law concerning this creditor is FEDERAL DEPOSIT INSURANCE CORPORATION, Consumer Response center, 2345 Grand Boulevard, Suite 100, Kansas City, MO. 64108-2638

Please attach other information you wish to provide to support your request

Primary Contact Signature

X _____
 Name _____ Date _____
 () _____ () _____
 Phone Number _____ Cell Phone _____ Email Address _____