



# Ice Pan Store Application

Office Use Only	
Account	
L. Code	
Agent	

ICEPAN USA, INC.

3345 Wilshire Blvd., Suite 803, Los Angeles, CA90010 TEL:213.381.3210 FAX:213.381.3211 www.icepanusa.com

## - Applicant Information

Name	Social Security #
Address	Driver License # and State
	Date of Birth
Phone	Alternate Phone

## - Tenant History

Tenant and/or Trade Name (Current Business Name)
Center (Address)
Proprietor's Name

## - Experience

Have you ever been a principal owner of a business before?  Yes  No

If yes, how many current location? \_\_\_\_\_

a. Where Located? \_\_\_\_\_

b. How long at each location? \_\_\_\_\_

c. Size of each location \_\_\_\_\_

d. Gross Revenues \_\_\_\_\_

How many years' experience? \_\_\_\_\_

Additional training/product knowledge \_\_\_\_\_

## - Capital Requirement

Build-Out	_____
FF & E	_____
Inventory	_____
Working Capital	_____
Other	_____
<b>Total Capital Requirement</b>	_____
Cash Available	_____
Loan	_____
Landlord's contribution	_____
<b>Total Sources of Cash</b>	_____

**Other Comments** \_\_\_\_\_

## - Prepared by

Name(s): \_\_\_\_\_

Address(s): \_\_\_\_\_

Social Security #(s): \_\_\_\_\_

Phone #(s): \_\_\_\_\_

**- Spouse Information**

Name:	Date of Birth:
Social Security #:	Phone #:

**- Current Employer**

Employer:	Business Phone #:
Position/title:	How long have you been employed?
Supervisor:	Annual Salary

**- Credit/Personal References**

Name:	Name:
Address:	Address:
Phone #:	Phone #:
Relationship:	Relationship:

**- Bank References**

Name:	Name:
Branch:	Branch:
Account Number:	Account Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving

**- Credit Cards**

Credit Card Name:	Credit Card Name:
Year Issued:                      Expiration:	Year Issued:                      Expiration:
Credit Limit:	Credit Limit:
Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Discover <input type="checkbox"/> Amx.	Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Discover <input type="checkbox"/> Amx.

**- Legal Information**

Will you have a partner or other partners other than your spouse?  Yes  No  
 If YES, what will their involvement be? \_\_\_\_\_  
 \_\_\_\_\_

<input type="checkbox"/> Sole Proprietorship	Name:
<input type="checkbox"/> Corporation	Name:
<input type="checkbox"/> Partnership	Name:
<input type="checkbox"/> Others	

**- Location Information**

Do you have a location in mind?  Yes  No  
 If so, in what city and, if known, what county and zip code? \_\_\_\_\_

**- References And Credit Check**

Initial I hereby authorize ICEPAN USA, Inc. to obtain a credit report and to contact the above references and other sources for information about me. I release ICEPAN USA, Inc., its affiliates, agents and employees from any liability arising either from the receipt or use of any information obtained through these sources.  
 \_\_\_\_\_  
Initial It is understood and agreed that my submission of this application does not create an obligation for ICEPAN USA, Inc. to award me a store.

ICEPANUSA, Inc. does not discriminate against any applicant on the basis of an illegal purpose including, race, color, religion, sex, national origin, age, disability of family status.

Applicant's signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Co-Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_