



800-518-3064

Fax: 702-382-4353

www.dcsd1.com

Application Form

This form must be completed in its entirety for the processing of your application.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____

Fax: _____ E-mail: _____

Sales Representative: _____ Desired city for your store: _____

Desired-opening date: _____ Where did you hear about us? _____

What square foot size store do you plan to open?

1,000 – 1,500 1,500 – 2,000 2,000 – 2,500 2,500 – 3,000

3,000 – 4,000 4,000 – 6,000 6,000 – 8,000 Over 8,000

Please check any credit issues you have had in the last seven years:

Bankruptcy Charge-offs Slow Pays Judgments Tax Liens
 Lawsuits

The total amount of available cash you have to put towards this business opportunity is:

\$ _____

PERSONAL BALANCE SHEET

ASSETS:

LIABILITIES: (Total balances not monthly payments)

Cash in Bank	\$ _____	Credit Card(s) balance	\$ _____
Stocks & Bonds	\$ _____	Auto Loan(s) balance	\$ _____
401K	\$ _____	RE Mortgage balance #1	\$ _____
IRA	\$ _____	RE Mortgage balance #2	\$ _____
Automobiles	\$ _____	Installment Loan balance(s)	\$ _____
Real Estate Value #1	\$ _____	Other Debts: _____	\$ _____
Real Estate Value #2	\$ _____	Other Debts: _____	\$ _____
Other Assets: _____	\$ _____	Other Debts: _____	\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____

NET WORTH (Total Assets Minus Total Liabilities): \$ _____

Your Total Annual Income: \$ _____ Spouse's Total Annual Income: \$ _____

Will you or your spouse continue working in your current position?

You: Yes ___ No ___ Spouse: Yes ___ No ___

Your Signature: _____ Spouse's Signature: _____

Your Name: _____ Spouse's Name: _____

Date: _____ Date: _____



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Credit Report Permission

NAME: _____

ADDRESS: _____

Your Information:

Name: _____

Date of Birth: _____

SSN: _____

Place of Employment: _____

Spouse's Information:

Name: _____

Date of Birth: _____

SSN: _____

Place of Employment: _____

Our Signatures below authorizes Discount Clothing Store Developers to obtain our consumer credit report.

Name

Spouse's Name

Signature

Spouse's Signature

Date

Date



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Financial Document Checklist

Date: _____

Dear: _____

Please provide documents for the following checked items:

CASH ON HAND – copy of last bank statement(s).

STOCKS & BONDS – copy of last investments statement(s).

RETIREMENT FUNDS (401K) – copy of last statement(s)

Funds withdrawn from retirement accounts may be taxable in the year of withdrawal.

Are you attempting to use your primary residence to secure a second mortgage or equity line of credit? Yes No

If you indicated yes please provide the following:

PRIMARY RESIDENCE – top page of home purchase agreement showing date purchased and amount paid. Last statement from lender which reflects mortgage balance and monthly payment.

Last paycheck stub

OTHER PROPERTY – please provide copies of purchase document and loan balance from last statement.

After we have received the requested documents would you like to discuss financing options with our Finance Advisor? Yes No Best time to call: _____

Proper site location work cannot proceed without this documentation from you.

Please return requested documents by _____ to avoid disruption of the site location process. Please e-mail to the attention of your sales representative; or overnight mail to the corporate headquarters.

The use of this information is for preliminary purposes only.
All information will be kept strictly confidential.

8/5/2008



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Refundable Deposit

Date: _____

This deposit is in the amount of \$5,000 and paid by: _____ Check _____ Money Order
(DO NOT SEND CASH)

Name of the depositor: _____

Address of the depositor: _____

Home: _____ Work: _____ Cell: _____

It is understood and agreed that this deposit is 100% refundable if the proper location for a store is not found and / or financing cannot be secured. With your prior approval, we will send a representative to do site location for you in your area. Only in that instance will reasonable travel expenses be deducted from your deposit amount.

Checks or money orders (do not send cash) are to be made in the name of and mailed to the following:

Discount Clothing Store Developers
5075 W. Diablo Dr. Ste. 200
Las Vegas, NV. 89118

Signature of deposit maker

Date

Print Name of depositor

For the Company

Date