



DENNY'S FLYING J CONVERSION PROGRAM

FRANCHISE LOAN APPLICATION

LEASEHOLD FINANCING

EQUIPMENT LOANS

DEBT CONSOLIDATION & REFINANCING

DENNY'S CONVERSION PROGRAM

It's not just a loan,
It's a relationship.

That's how we do business!

BORROWER QUESTIONNAIRE

Please answer the following questions as they pertain to all applicants, borrowers, co-borrowers, affiliates and/or guarantors (make copies as needed).

<u>Yes</u>	<u>No</u>	Has/is the applicant, borrower, co-borrower, guarantor or affiliate:
___	___	Had any outstanding or unsatisfied judgments?
___	___	Declared bankruptcy?
___	___	Currently subject to a foreclosure action?
___	___	Had a property foreclosed upon or given title or deed in lieu thereof?
___	___	A party to a lawsuit?
___	___	Aware of any known, planned, public or other takings/condemnations relative to the property to be pledged as collateral?
___	___	Had any notes or outstanding or non-current obligations with the franchisor (other than current payments under the franchise agreement, leases with the franchisor and royalties and advertising payments to franchisor)?
___	___	Been a party to a loan obligation that was either delinquent or in default?
___	___	Been delinquent on any Federal, State or any other taxes?
___	___	Ever been under indictment, or on parole or probation?
___	___	Ever been charged with, arrested or convicted for any criminal offense other than a minor vehicle violation?

If any of the above questions is answered "yes", a detailed written description and explanation must be provided.

Signature: _____ Date: _____

CUSTOMER INFORMATION:				
COMPLETE LEGAL NAME OF BUSINESS:		DATE BUSINESS STARTED	<input type="checkbox"/> SOLE PROP <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> "S" CORP. <input type="checkbox"/> "C" CORP. <input type="checkbox"/> PARTNERSHIP	
MAILING ADDRESS OF BUSINESS		CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF EQUIPMENT (if different than above)		CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	CONTACT PERSON		FEDERAL TAX ID#
E-MAIL ADDRESS	TYPE OF BUSINESS	FRANCHISOR CONTACT (AREA MANAGER/SUPERVISOR)		PHONE NUMBER:

VENDOR / EQUIPMENT INFORMATION: Attach additional vendor information if more than one vendor			
VENDOR NAME	ADDRESS	CONTACT	
PHONE / FAX	TYPE OF EQUIPMENT	APPROXIMATE COST	
LOAN TERM IN MONTHS __ 12 __ 24 __ 36 __ 48 __ 60	RESIDUAL N/A	AGE OF EQUIPMENT __ NEW __ USED	MODEL YEAR (if used)

OWNER / STOCKHOLDER INFORMATION: Attach information on additional shareholder(s) if more than one			
PRINCIPAL'S NAME AND TITLE	% OWNED	SOCIAL SECURITY	DATE OF BIRTH
HOME ADDRESS	CITY	STATE ZIP	HOME PHONE
PRINCIPAL'S NAME AND TITLE	% OWNED	SOCIAL SECURITY	DATE OF BIRTH
HOME ADDRESS	CITY	STATE ZIP	HOME PHONE

BANK REFERENCE:			
BANK NAME	ACCOUNT NO.	CONTACT	PHONE
BANK NAME	ACCOUNT NO.	CONTACT	PHONE

LEASE / LOAN REFERENCE:			
CREDITOR	ACCOUNT NO.	CONTACT	PHONE
CREDITOR	ACCOUNT NO.	CONTACT	PHONE

TRADE / SUPPLIER REFERENCE:			
COMPANY NAME	ACCOUNT NO.	CONTACT	PHONE
COMPANY NAME	ACCOUNT NO.	CONTACT	PHONE

AUTHORIZATION TO RELEASE INFORMATION:
 The undersigned authorizes and instructs any person, consumer reporting agency or bank institution to compile and furnish the Lender/Lessor with any information it may have in response to any inquiry from the Lender/Lessor. The undersigned further states that all of the above statements are true.

By: _____
 Owner / Stockholder

By: _____
 Owner / Stockholder

 Print Name

 Print Name

LOAN USES AND DESCRIPTION OF TRANSACTION

Uses:	\$
Construction & Leasehold Improvements	
Permits & Fees	
Labor	
Restaurant Equipment and FOH Furniture	
Signage	
POS Equipment	
Total	

Please Briefly Describe Your Request:

UNIT LEVEL DATA

Please complete the following for all collateral units or where the equipment will reside (OR attach a separate schedule with this application):

Unit #	City / State	Date of Last Remodel	Concept	Type*	Building Type**	Date to be converted
			Denny's			

* GL – Ground Lease, FS = Fee Simple, LB = Land/Building Lease

** F = Freestanding, M = Mall/Food Court, I = In-Line, LH = Leasehold

COLLATERAL UNIT INFORMATION:

Unit #	Orig. Franchise Agreement Date	# of Franchise Options/ # of Years	Orig. Lease Agreement Date	# of Lease Options/ # of Years	Landlord	Phone #

OUTSTANDING DEBT SCHEDULE

Please copy this page and complete for each borrowing entity and affiliate entity OR attach a separate debt schedule with this application:

Creditor	Loan #	Original Balance	Current Balance	Monthly Payment Amt.	Interest Rate	Maturity Date	Term / Amort.	Collateral Unit #	Prepay. Penalty (Y/N)	To Be Paid Off (Y?N)
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
Total:		\$	\$	\$						

CONSENT TO THE USE OF A CONSUMER CREDIT REPORT

TO BE COMPLETED FOR EACH BORROWER, SHAREHOLDER(S) OR GUARANTOR(S)

To be completed by stockholder(s) or limited partnership member(s) owning thirty percent (20%) or greater of the borrowing entity. If there is more than one stockholder or limited partner, please copy and complete separate consent forms.

The undersigned individual ("Credit Applicant"), recognizing that his or her personal credit history may be a factor in the evaluation of the transaction or in the evaluation of his or her personal guarantee of the obligations of the Credit Applicant (if applicable), hereby authorizes Pinnacle Commercial Capital ("PCC"), to obtain and use consumer credit reports pertaining to the undersigned's credit history and/or credit worthiness from any credit reporting agency from which PCC receives such reports, in connection with the Credit Applicant's application for the extension of business credit by PCC.

In connection with any such application for business credit, the undersigned further agrees that PCC's permission to obtain a consumer credit report on the undersigned shall be ongoing and shall relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time.

Acknowledged and agreed to by:

Signature: _____ Date: _____

Printed Name: _____ Social Security Number: _____

Home Address: _____

Equal Credit Opportunity Act Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of: race, color, religion, national origin, sex, marital status, age (provided that 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.