

EAST GATE SHOPPING CENTER

AIKEN, SOUTH CAROLINA

250 East Gate Drive, 29803

33.51142 N / -81.71442 W

- 75,716 SF Publix Anchored Center
- Located in one of the largest cities in the Aiken/Augusta MSA, with a population of more than 515,000
- Strategically located on Whiskey Road, the primary retail corridor in affluent Aiken
- Excellent access at a signalized intersection



3445 Peachtree Road, Suite 465
Atlanta, GA 30326
678.919.8440 (O)
404.307.8587 (C)
jwammock@hendonretailservices.com

Owned and Operated by:

NEW MARKET
A Preferred Apartment Communities, Inc. Company

HENDON
RETAIL SERVICES

EAST GATE SHOPPING CENTER

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SUITE	TENANT	SIZE
1	U.S. AirForce	1,000
2	Edward Jones	1,000
3	The UPS Store	1,300
4	Domino's Pizza	1,000
5	The Joint	1,000
6	Elite Hearing Centers	2,000
8	New China	1,000
9	Publix	56,146
10	Great Clips	1,200
11	Hibachi House	1,200
12	AVAILABLE	2,400
14	Nail Salon	1,370
16	AVAILABLE	3,540
15	Jersey Mike's Subs	1,560
TOTAL		75,716

DEMOGRAPHICS	
(1 mile)	
Population	4,581
Households	2,158
Household Income	\$73,469
(3 mile)	
Population	28,830
Households	12,797
Household Income	\$92,198
(5 mile)	
Population	49,080
Households	21,056
Household Income	\$82,583
TRAFFIC COUNTS	
(vehicles per day)	36,200



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TENANT INFORMATION FORM

New Market Properties, LLC

A. GENERAL INFORMATION

1. Name of Business (*Trade Name*)

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2. Name of Individual(s) who will be involved:

a. Who will be primary operator of the business (*i.e.*, running day to day operations in the store)?

b. Who will be primarily responsible for the financial aspects of the business?

c. What is the name of the spouse, if any, of the operations or financial individual?

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3. If your business is incorporated (or a different type of legal entity):

a. Name of Entity

b. Type of Entity (*i.e.*, corporation, limited liability company, partnership, etc)

c. Year of formation

d. State of formation

e. Federal ID Number

f. Name(s) of individuals guaranteeing Lease

g. Description of ownership structure (*i.e.*, 100% owned by an individual or entity or 50% owned by 2 individuals or entities), including identity of direct or indirect owners

4. Legal Notice Address (*No PO Boxes*)

5. Address for Delivery of Documents
(*If different than above*)

6. Contact Information

a. Home Phone Number

b. Work Phone Number

c. Fax Number

d. Other

- start up costs, improvements, fixtures, inventory and cash reserves?
7. If any portion of your source of funds is a loan, what is the status of your application and approval?
 8. What Level of Annual Gross Sales do you feel you need:
 - a. To stay in business?
 - b. To be satisfied in business?
 - c. To be extremely pleased with business?
 9. Approximately how much square footage will you need?
 10. Can you be open in 90 days?
 11. If no, when would you be interested in opening your business.
 12. Standard Shopping Center hours are 10:00 A.M. to 7:00 P.M. Monday through Friday and 12:00 P.M. to 6:00 P.M. Sunday, with Landlord reserving the right to adjust hours during peak seasons. Do you anticipate any difficulties in adhering to these hours?

<i>(Attach pre-approval letter, if it's been obtained)</i>

E. GENERAL COMMENTS

(Please provide any other information regarding your business and your experience that you think is pertinent).

Please note that this form should be accompanied by a Credit Authorization Form and Personal Financial Statement, with a copy of each form to be filled out and signed by tenant and each prospective guarantor (*i.e.*, separate forms for each individual or entity).

Please note that a representative from New Market Properties, LLC may contact you directly with questions or to request additional information.

New Market Properties, LLC appreciates your interest in our Project, and we look forward to discussing your prospective tenancy.

SUBMITTED:

Print Name: _____
Date: _____

New Market Properties, LLC
CREDIT AUTHORIZATION FORM

By signing below, I authorize New Market Properties, LLC to contact my creditors and references, including requesting reports from credit reporting agencies.

Print Full Name

Social Security Number

Street Address

Date of Birth

City, State

Zip Code

Signature of Applicant

Date

Spouse (if applicable)

Print Full Name

Social Security Number

Street Address

Date of Birth

City, State

Zip Code

Signature of Applicant

Date

Name <hr/> Address <hr/>	To: <hr/> Fax: <hr/>	
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(I, We) make the following statement of all (my, our) assets and liabilities as of the ____ day of _____, 20__ and give other material information for the purpose of obtaining credit with you on notes and bills bearing (my, our) signature endorsement or guarantee and agree to notify you promptly of any change affecting (my, our) ability to pay.

ASSETS SOLELY OWNED <i>(List here only those assets NOT jointly owned)</i>		ALL LIABILITIES AND NET WORTH <i>(List here all liabilities joint or otherwise)</i>	
Cash (See Schedule 1)	\$	Notes Payable to Banks, Unsecured (See Schedule 1)	\$
U.S. Government Securities		Notes Payable to Banks Secured (See Schedule 1)	
Listed Stocks and Bonds (See Schedule 4)		Notes Payable to Others. Unsecured	
Unlisted Stocks and Bonds (See Schedule 4)		Notes Payable to Others. Secured	
Accounts and Loans Receivable (See Schedule 3)		Loans Against Life Insurance (See Schedule 3)	
Life Insurance – Cash Value (See Schedule 3)		Mortgages Payable on Real Estate (See Schedule 5)	
Real Estate (See Schedule 5)		Accounts Payable	
Automobiles (Itemize)		Interest Payable	
		Estimated Capital Gains Tax	
		Other Taxes and Assessments Payable	
		Other Liabilities	
		Total Liabilities	
		Net Worth (=Assets – Liabilities)	
TOTAL ASSETS SOLELY OWNED	\$	TOTAL OF ALL LIABILITIES AND NET WORTH	\$
JOINTLY OWNED ASSETS <i>(Summarize here: Itemize on Schedule 6)</i>		SOURCE OF INCOME	
Cash	\$	Salary	\$
Accounts, Mortgages, and Loan Receivable		Bonus and Commissions	
Stocks and Bonds		Dividends	
Real Estate		Real Estate Income	
Other Assets (Itemize)		Other Income (Itemize)	
		TOTAL INCOME	\$
TOTAL JOINTLY OWNED ASSETS		PERSONAL INFORMATION	
TOTAL OF ALL ASSETS		Business or Occupation?	
\$		Partner or Officer in any other venture?	
		Dependents?	
Have you ever taken bankruptcy, made a composition settlement, or are you a dependent in any legal action? Explain.			
Do you have any contingent liabilities personally or as co-maker, on leases or contracts, or Federal Income Tax Liability? Explain.			
Do you have a will? And if Yes, who is named as your executor?			

Name _____
 Address _____

To: _____
 Fax: _____

SCHEDULES

No. 1 Banking Relations *(a list of all bank accounts including savings, not jointly owned and all loans joint or otherwise)*

Name/Location of Bank	Account #	Cash Balance	Amount of Loan	Maturity of Loan	Guaranteed or Secured

No. 2 – Accounts, Loans and Notes Receivable *(A list of the largest amounts owing to me)*

Name and Address of Debtor	Amount Owing	Age of Debt	Date Payment Expected	Description or Nature of Debt	Description of Security Held

No. 3 – Life Insurance *(Attach Schedule if necessary)*

Owner of Policy	Name of Beneficiary	Name of Insurance Co.	Face of Policy	Total Cash Surrender Value	Total Loans on Policy	Policy Assigned

No. 4 – Stocks & Bonds *(Attach Schedule if necessary)*

Face Value or # of Shares	Description of Security	Registered in name of	Original Cost	Present Market Value	To Whom Pledged

No. 5 Real Estate *(Attach schedule if necessary)*

Description or Street Number	Title in Name of	Mortgages or Liens	Amount Payments	Original Cost	Present Market Value	Taxes Current?

Name	To:	
Address	Fax:	

No. 6 Jointly Owned Property-Details of summary on front page. (Attach schedule if necessary)

Assets	Value	Name of Joint Tenant

The statements are delivered to New Market Properties, LLC to induce it to extend credit from time to time and/or to continue its present extensions of credit, at its discretion, to the undersigned.

The undersigned hereby certifies that these statements are correct and complete and accurately reflect the condition and affairs of the undersigned at the date and for the period(s) stated.

And that said statements reflect all known liabilities, direct or contingent as of the date thereof.

The undersigned also represents and warrants that to his knowledge there has to date been no material adverse change in the conditions or affairs of undersigned from the date of said statements.

The undersigned does hereby request and warrant that legal title to all property herein described or referred to, expecting only jointly owned property as separately scheduled herein as such, in the sole name of the undersigned. Every person who is a party to this statement agrees that his/her separate property listed herein referred to and property or interests I property into which property listed herein or herein referred to is converted or re-converted, including his/her interest in property jointly, by entirely or in common with another party to this statement, shall be available to the bank for payment of all indebtedness or other obligations of the parties making this statement, or either voluntarily or involuntarily by levy of execution or otherwise. New Market Properties, LLC is authorized to make all inquires deemed necessary to verify the accuracy of the information contained herein, and to determine the creditworthiness of the undersigned. Each of The undersigned authorizes the bank to answer questions about its credit experience with the undersigned.

Date _____ Signed _____

Social Security # _____

Date _____ Signed _____

Social Security # _____