

Prospective Tenant Credit Application

COMPANY NAME: _____ Phone: _____
 Business Address: _____
 City, State, Zip: _____
 E-mail address: _____ Years in Business: _____ Years at Current Location: _____
 Size of Current Premises: _____ Current Rent: _____ Number of Employees: _____
 Present Landlord: _____ Phone: _____
 Proposed Use of Premises: _____
 Will any Hazardous Materials be Stored or used on the Premises? Yes No If yes, please attach list (i.e. MSDS sheets)

TYPE OF BUSINESS ORGANIZATION: (Complete A, B or C) [Please attach Financial Information noted below.]

A. SOLE PROPRIETORSHIP:

1. Owner's Name: _____ Phone: _____
 Residence Address: _____ Zip Code: _____
 Do you Own or Rent ? For How Long? _____
 Social Security No: _____ Driver's License No: _____

B. PARTNERSHIP:

1. Name: _____ Social Security No.: _____
 Residence Address: _____
 _____ Phone: _____
 Driver's License No: _____

2. Name: _____ Social Security No.: _____
 Residence Address: _____
 _____ Phone: _____
 Driver's License No: _____

By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of Landlord, be terminated at any time. *By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business and individual credit information, now or any time during the lease term.*

Signature: _____ Print Name: _____ Date: _____
 Signature: _____ Print Name: _____ Date: _____

C. CORPORATION: Federal Tax ID: _____ Date Incorporated: _____ State of Incorp.: _____
 Parent Corp.: _____ Division/Subsidiary of: _____

CORPORATE OFFICERS:

1. Name: _____ Title: _____
 Residence Address: _____
 Driver's License No: _____ Phone: _____

2. Name: _____ Title: _____
 Residence Address: _____
 Driver's License No: _____ Phone: _____

By signing below, you hereby declare that you have been given authority by the Corporation listed above to represent the facts contained in the foregoing application, and that these facts are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of Landlord, be terminated at any time. *By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business credit information, now or any time during the lease term.*

Signature: _____ Date: _____
 Print Name: _____ Title: _____

LEASE GUARANTOR: _____ Social Security No.: _____
Residence Address: _____

Driver's License No: _____ Date of Birth _____

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Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____

BANK REFERENCES:

Checking: _____ Branch: _____ Account No.: _____

Savings: _____ Branch: _____ Account No.: _____

CREDIT REFERENCES:

Account No.

Phone

Contact

1. _____
2. _____
3. _____
4. _____

FINANCIAL INFORMATION:

ENTITIES:

- 2 Years of business financial statements, including balance sheet and income statements, prepared by and independent account.
- Authorization for entering into the transaction.

INDIVIDUALS:

- 2 Years of personal tax returns.
- A personal financial statement, prepared by an independent accountant.
- Verification of current assets – copies of investment accounts, banking references.