

COMMERCIAL LEASE & CREDIT APPLICATION

Please provide all the information requested below. Incomplete information can delay the processing of your application. Please print clearly.

Legal Business Name						
Dba						
Address (Number & Street)					
City:	: State:			Zip:		
Phone:	F	ax:		Email:		
TYPE OF ENTITY						
Please Circle: Corp	ooration	Limited Liability C	Company	Partnership	Sole Proprietorship	
Business ID Number (BIN):			Business Start Da	ate:		
Nature of Business:						
Number of Employees:			Gross Annual Re	evenue:		
If a Proprietorship or Partnership, full name of all Principals	Name	Resic	dence Address		Phone	
If a Company, names of Principal Officers	Name	Residence Address		Phone		
BANK REFERENCES						
Name:		Branch:		Contact:		
Name:		Branch:		Contact:		
Name:		Branch:		Contact:		

TRADE REFERENCES (Please list a minimum of 3)					
Name:	Contact:				
ddress: Phone:					
Name:	Contact:				
Address:	Phone:				
Name:	Contact:				
Address:	Phone:				
COMMERCIAL RENTAL HISTORY (Please provide 2 years)					
Present Address:					
Rent: Own:	Amount of rent/mortgage paid monthly:				
Rent: Own:	Amount of rent/mongage paid monthly.				
From/To:	Reason for Leaving:				
,					
Landlord Name/Mortgage Company:	Phone:				
Previous Address:					
Rent: Own:	Amount of rent/mortgage paid monthly:				
From /To:	Desser for Leaving				
From/To:	Reason for Leaving				
Landlord Name/Mortgage Company:	Phone:				
The undersigned certifies that the above information to be true and correct and affirms that any credit given to me/us is extended upon the basis					
of such information.					
or any firm acting	on its behalf is hereby granted to perform a Commercial				
Credit Check on our company and/or a Consumer Credit Check on its principals.					
	F - F -				
Signature:	Date:				
Ву:	Title:				
r					
Social Security Number:	Date of Birth:				
Signature	Date				
Signature:	Date:				
Dv.	Title				
Ву:	Title:				
Casial Coqueity Number	Data of Dirth				
Social Security Number:	Date of Birth:				
Signature:	Date:				
Ву:	Title:				
Social Security Number:	Date of Birth:				