



**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: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
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: \_\_\_\_\_

**LEASE GUARANTOR:** \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

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, individual credit information, now or any time during the lease term.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**BANK REFERENCES:**

Checking: \_\_\_\_\_ Branch: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Savings: \_\_\_\_\_ Branch: \_\_\_\_\_ Account No.: \_\_\_\_\_

<b>CREDIT REFERENCES:</b>	<b>Account No.</b>	<b>Phone</b>	<b>Contact</b>
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.

NAME: \_\_\_\_\_ POSITION OR OCCUPATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

The following is submitted for the purpose of procuring, establishing and maintaining credit with you in behalf of the undersigned or persons, firms, or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider the statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned.

DATE: \_\_\_\_\_

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE "NO" OR "NONE" WHERE NECESSARY.

ASSETS	Y/N	\$\$\$ AMOUNT	LIABILITIES	Y/N	\$\$\$ AMOUNT
Cash on hand and in banks			Notes payable to banks-secured		
Marketable Securities-See Schedule A			Notes payable to banks-unsecured		
Non-Marketable Securities-See Schedule B			Due to brokers		
Securities held by broker in margin accounts			Amounts payable to others-secured		
Restricted or control stocks			Amounts payable to others-unsecured		
Partial Interest in Real Estate Equities-see Schedule C			Accounts and bills due		
Real Estate Owned-See Schedule D			Unpaid income tax		
Loans Receivable			Other unpaid taxes and interest		
Automobiles and other personal property			Real estate mortgages payable-See Schedule D		
Cash value-life insurance-See Schedule E			Other debts – itemize:		
Other assets - itemize:					
			TOTAL LIABILITIES		
			NET WORTH		
TOTAL ASSETS			TOTAL LIAB. AND NET WORTH		

Are all bad and doubtful assets excluded from this statement? \_\_\_\_\_ If no, explain: \_\_\_\_\_

Income taxes settled through what date? \_\_\_\_\_ Additional assessments \$ \_\_\_\_\_

ANNUAL SOURCES OF INCOME	PERSONAL AND GENERAL INFORMATION
Salary, bonus & commissions \$	Do you have a will? If yes, name of executor:
Dividends	
Real estate income	Are you a partner or officer of any other venture?
	Are you obligated to pay alimony, child support, or maintenance payments? If so, describe.
TOTAL \$	Social Security No. Age:
CONTINGENT LIABILITIES	Are any assets pledged?
Do you have any contingent liabilities? If yes, give details:	Are you defendant in any suits or legal actions?
As endorser, co-maker or guarantor \$	Personal Bank Accounts carried at:
On leases or contracts \$	
Legal claims \$	
Other special debt \$	
	Have you ever taken bankruptcy? Explain:
Amount of Contested income tax liens \$	

Schedule A – U.S. GOVERNMENTS & MARKETABLE SECURITIES				
No. of Shares or Face Value (Bonds)	Description	In Names of	Total Market Value	Source of Value

SCHEDULE B – NON-MARKETABLE SECURITIES				
Description of Securities	No of Shares Outstanding	Book Value Per Financial Statement Dated:	No. of Shares Owned	Total Value

SCHEDULE C – PARTIAL INTERESTS IN REAL ESTATE EQUITIES						
Location of Property	% of Ownership	Type	Yr. Of Purch.	Cost © or Market (M)	Mortgage	Value of Equity

SCHEDULE D – REAL ESTATE OWNED						
Description of Property & Improvements	Date Acquired	Title in Name of	Cost	Market Value	Mortgage	
					Amount	Maturity

SCHEDULE E – LIFE INSURANCE CARRIED, INCL. N.S.L.I. & GROUP INSURANCE				
Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans

SCHEDULE F – NAMES OF BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED				
Name & Address	Original Date	High Credit	Owe Currently	Secured or Unsecured

THE UNDERSIGNED CERTIFIES THAT BOTH SIDES HEREOF AND THE INFORMATION INSERTED THEREIN HAS BEEN CAREFULLY READ AND IS TRUE, CORRECT AND COMPLETE.

SIGNATURE \_\_\_\_\_