CREDIT AND BACKGROUND INFORMATION

BUSINESS INFORMATION					
FULL LEGAL COMPANY NAME:					
Business License #:	(City:			
DBA:					
Date Fictitious Business Name filed:					
Church/Business Name:					
Address:					
Telephone #:					
Years in this location:		Number of	stores:		
Where?			If a Corpor	ation, State of Inc.:	
PRINCIPALS OF YOUR BUSINESS (Board, Gene	eral Partners, L	imited Par		nbers)(attach additional sh	eets if necessary)
Name:			Position:		
Home Address:				SS#:	
Previous Address:			- ···		
Name:			Position:		
Home Address:				SS#:	
Previous Address:					
Name:			Position:		
Home Address:				SS#:	
Previous Address:					
Name and Address of Agent for Service: If Individuals, Name and Address:					
Years in Bus.:					
Person to Contact:	_		Tel#:		
Nature of Bus.:					
PLEASE LIST ALL BANK(s) (Business & Persona	əl).				
Name of Bank:	Branch:			Tel#:	
Account Name:	Account#:			Personal:	Bus:
Name of Bank:	Branch:			Tel#:	
Account Name:	Account#:			Personal:	Bus:
TRADE REFERENCES, BUSINESS (if none, Personal Current Landlord's Name: Address: Insurance Agency:	ional):			Tel#: How long as tenant? Tel#:	
Address:					
Other referernce: Address: Comments:				Tel#:	
Other reference:				Tel#:	

PERSONAL INFORMATION

Name:	Last:				First:		Middle:	
Address:	_							
Previous Add	lress: (if	less thar	12 years)				
Date of Birth	:					Driver's License (a	and state):	
Employer:	-						Tel#:	
Employer's A	ddress:							
Occupation:		-						
Monthly Inco	me:							
		-						
SPOUSE"S IN	FORMA	ΓΙΟΝ						
Name:	Last:			F	irst:		Middle:	
Address:	-							
Previous Add	lress: (if	less thar	2 years)				
Date of Birth	:					Driver's Licen	ise (and state):	
Employer:	-						Tel#:	
Employer's A	ddress:							
Occupation:		-				Social	Security #:	
Monthly Inco	me:							
		-						
HAVE YOU E	VER FILE	D FOR B	ANKRUP	TCY?				
Business:	Yes:		No:		When?:		State filed:	Chpt:
Personal:	Yes:		No:		When?:		State filed:	Chpt:
	L		L					
Γ	VER BEE	Ī	CTED OF			ipals to answer)(at	ttach additional sheets	as necessary):
Yes:		No:		lf s	o when?			
Yes:		No:		lf s	o when?			
Yes:		No:		lf s	o when?			
105.		1.0.		11 5	o when.			
MORTGAGE	HOLDER	:						
Personal:						Acct#:		Tel#:
Address:						Contact:		
-								
MORTGAGE	HOLDER	:						
Business:						Acct#:		Tel#:
Address:						Contact:		
DIEASE ATT				~IAI CTATE			LEDAL TAY DETLIDING E	OR THE LAST 3 YEARS; BAN
FLEASE ATT		URRENT	FINAIN	SIAL STATE		ND COPIES OF FEL	DERAL TAX RETORNS FO	UN THE LAST 5 TEARS, DAN
STATEMENT	S FOR TH	IE LAST (5 MONTI	HS; COPY	OF YOUR	ARTICLES OF INCO	RPORATION; AND COP	PY OF YOUR DRIVERS LICENSE
INCASE OF E	MEKGEN	ICY PLEA	SE CON	TACT:				
Name:							Tel#:	
Address:								
INFORMATIC		ERNING	EXISTIN	IG LOCATIO	DN:			
What is the s	ize of th	e facility	/office tł	hat this nev	w space w	vill replace?		
What is the r	nonthly	rent for 1	the space	e tahts beii	ng replace	ed?	_	\$
What is the r	eason fo	or acquiri	ing the n	iew space?				

I HERENY GIVE PERMISSION FOR THE INDIVIDUALS AND BUSINESS LISTED ABOVE AS REFERENCES TO PROVIDE FINANCIAL AND CREDIT INFORMATION TO MY PROSPECTIVE LESSOR, HIS MANAGER AND/OR HIS BROKER. I ALSO HEREBY AUTHORIZE THE OWNER AND HIS/HER REPRESENTATIVE TO PERFORM A CREDIT CHECK ON MYSELF AND/OR MY COMPANY.

THE REPRESENTATIONS OF FACT CONTAINED IN THIS APPLICATION ARE CERTIFIED TRUE AND CORRECT. IF ANY INFORMATION HEREIN CONTAINED IS DISCOVERED TO BE FALSE OR MISLEADING, THE LEASE MADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE LESSOR, BE TERMINATED AT ANY TIME. IN ADDITION, THE LESSOR IS HEREBY GRANTED PERMISSION TO VERIFY ALL CREDIT/PERSONAL INFORMATION AND TO OBTAIN ANY CREDIT REPORTS IT DEEMS NECESSARY.

BY LESSEE:	
Executed at:	
On:	
Ву:	
Name Printed:	
Title:	
By:	
Name Printed:	
Title:	
Address:	
Telephone:	
Facsimile:	
Federal ID #:	