

## Commercial Lease Application

1. What is your Business name? \_\_\_\_\_
  2. What is your Position in the Company? \_\_\_\_\_
  3. What kind of business? (Corporation, Partnership, LP, LLP, Sole Proprietorship, LLC, Inc., other) \_\_\_\_\_
  4. State where business was formed in? \_\_\_\_\_
  5. What is the primary function of your business? \_\_\_\_\_  
\_\_\_\_\_
  6. How long have you owned this Business? If less than two years please tell us what you did prior to opening this business. \_\_\_\_\_  
\_\_\_\_\_
  7. How many people do you currently employ? \_\_\_\_\_  
\_\_\_\_\_
  8. Does your business have any special needs? \_\_\_\_\_  
\_\_\_\_\_
  9. Why did you choose our location for your business? \_\_\_\_\_  
\_\_\_\_\_
  10. Are you currently in the Military? \_\_\_\_\_  
If yes, what is the Branch, Rank & Number? \_\_\_\_\_  
\_\_\_\_\_
  11. Have you ever filed for bankruptcy and if so, when? \_\_\_\_\_  
\_\_\_\_\_
  12. How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_
- II. Email Address: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

The David Associates  
224 Datura Street, Suite #700  
West Palm Beach, FL 33401

Commercial Lease Credit Application

Phone: (561) 832.9785  
Fax: (561) 655.3470

Corporation Name: _____		
D/B/A Name: _____	TAX ID NUMBER: _____	
TYPE OF BUSINESS: _____		
Tenant(s) Name: _____		
SOCIAL SECURITY #: _____	-	Date of Birth: _____
Driver's License #: _____	-	Issuing State: _____
<i>(A PHOTOCOPY OF YOUR DRIVER'S LICENSE MUST ACCOMPANY THIS APPLICATION)</i>		
Tenant's Home Address: _____		
Current Landlord: _____	Mortgage/Rent: _____	\$ _____
Previous Address: _____	Mortgage/Rent: _____	\$ _____
CONTACT INFORMATION:		
Home Phone #: _____	Mobile Phone #: _____	
Business Phone #: _____	Fax #: _____	

<b>FINANCIAL INFORMATION:</b>			
<i>Financial Responsibility ATTACH - Financial Statements of Assets, Liabilities, and Net Worth)</i>			
Bank Name: _____	Account Number: _____		
<b>BUSINESS REFERENCES: (Suppliers, Franchisers, Licensers, etc.) MUST COMPLETE ALL 3</b>			
Name/Business	Address	Phone	Years Acquainted
1)			
2)			
3)			

APPROVED/DENIED Date: ____/____/____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
CONDITIONS FOR APPROVAL: _____				
REASON(S) FOR DENIAL: _____				

THIS APPLICATION MUST BE ACCOMPANIED BY A \$75.00 APPLICATION FEE (BUSINESS) OR A \$45.00 APPLICATION FEE (INDIVIDUAL). IF A SECOND APPLICATION MUST BE PROCESSED DUE TO THE CREDIT DECISION, AN ADDITIONAL \$45.00 MUST BE PAID.

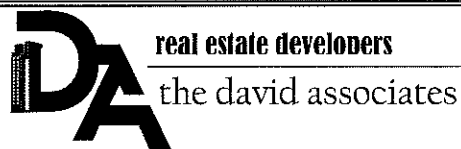
This Lease Application is subject to approval by Landlord and may be changed or withdrawn at any time, and will not become a binding and definitive until a formal lease has been fully executed by the Landlord and the Tenant.

I/ We authorize the Landlord to make whatever credit and background inquiries that it deems necessary in connection with this leasing application or in the course of review or collection of any credit extension in reliance of this application.

I/ We authorize and instruct any person, Credit Reporting Agency and/or Financial institution to compile and furnish to the Leasing Agency any information that it may obtain in response to such inquiry and agree that such information, along with this application, shall remain in the Leasing Agency's property, whether or not the application is accepted by the Landlord.

I / WE UNDERSTAND THAT THE PROCESSING OF THIS APPLICATION MAY TAKE UP TO 24 HOURS TO COMPLETE.

Accepted by:	_____
Applicant(s) Signature(s):	_____
Printed Name (s):	_____



**Credit Card Authorization Form**

I, \_\_\_\_\_, hereby authorize The David Associates, Inc. to charge my credit card for (check one):

\_\_\_\_\_ the amounts invoiced.

\_\_\_\_\_ the total amount specified here:

\$ \_\_\_\_\_

Customer Company Name: \_\_\_\_\_

DISCOVER / VISA / MasterCard only

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ SEC Code: \_\_\_\_\_

Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

(a fax number or email is required)

Telephone: (        ) \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

As the credit card holder, I also authorize The David Associates, to charge my credit card for charges verbally (or written) approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. The David Associates will keep all information entered on this form strictly confidential.