

**COMMERCIAL LEASE CREDIT APPLICATION**

<b><u>LEASING AGENTS PLEASE FILL OUT THIS SECTION:</u></b>			
Date Sent To Office: _____	Building: _____		
Move-In Date: _____	Suite: _____		
Quoted Rate: _____	Square Feet: _____		

<b><u>PROSPECTIVE TENANT PLEASE FILL OUT THIS SECTION:</u></b>			
<b>CORPORATION INFORMATION:</b>			
Corporation Name: _____			
D/B/A Name: _____			
Type of Business: _____			
Current and Past Office Rental References:			
Landlord Name	Address	Phone	Current or Past      Monthly Rent \$
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
<b>PERSONAL INFORMATION:</b>			
Tenant Name: First _____	Last _____	M.I. _____	
Social Security Number: _____ - _____ - _____	Tax ID Number: _____		
Driver's License Number*: _____	Date of Birth: ____ / ____ / ____		
Issuing State: _____			
*A PHOTO COPY OF YOUR DRIVER'S LICENSE MUST ACCOMPANY THIS APPLICATION			
Tenant's Home Address: _____	City: _____	State: _____	Zip Code: _____
Current Landlord: _____	Mortgage/Rent: \$ _____		
Previous Address: _____	Mortgage/Rent: \$ _____		
<b>CONTACT INFORMATION:</b>			
Home Phone Number: _____	Mobile Phone Number: _____		
Business Phone Number: _____	Fax Number: _____		
Email Address: _____			
Emergency Contact:			
Name/ Relation	Mobile #	Work #	Home #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
<b>FINANCIAL INFORMATION*:</b>			
*ATTACH FINANCIAL STATEMENTS OF ASSETS, LIABILITIES, AND NET WORTH			
Bank Name: _____	Account Number: _____		
Business References: (Suppliers, Franchisers, Licensers, etc.) Please complete All 3.			
Name/Business	Address	Phone	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

<b><u>DAVID ASSOCIATES INTERNAL USE ONLY. DO NOT WRITE IN THIS SECTION:</u></b>	
Approved / Denied: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: ____ / ____ / ____
Reason(s) for Approval / Denial: _____	
_____	

\*THIS APPLICATION MUST BE ACCOMPANIED BY A \$45.00 APPLICATION FEE. IF A SECOND APPLICATION MUST BE PROCESSED DUE TO THE CREDIT DECISION, AN ADDITIONAL \$45.00 MUST BE PAID. THE CREDIT APPLICATION FEE IS NON-REFUNDABLE UNDER ALL CIRCUMSTANCES, INCLUDING BUT NOT LIMITED TO WHETHER OR NOT APPLICANT IS APPROVED TO BECOME A TENANT OR IF SPACE BECOMES UNAVAILABLE PRIOR TO A LEASE GETTING SIGNED. THE ONLY WAY TO GUARANTY A SPACE WILL BE HELD OFF MARKET IS FOR AN AGREEMENT SIGNED BY BOTH PARTIES AND A DEPOSIT CLEARING LANDLORD'S BANK ACCOUNT.

*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 agreement 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 lease 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 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):	_____



**COMMERCIAL LEASE TENANT QUESTIONNAIRE**

**QUESTIONS REGARDING COMPANY:**

1. What is your business name? \_\_\_\_\_  
\_\_\_\_\_
2. What kind of business is it? (Corporation, Partnership, LP, LLP, Sole Proprietorship, LLC, Inc., other) \_\_\_\_\_  
\_\_\_\_\_
3. What state was your business formed in? \_\_\_\_\_  
\_\_\_\_\_
4. What is the primary function of your business? \_\_\_\_\_  
\_\_\_\_\_
5. How many people does your business currently employ? \_\_\_\_\_  
\_\_\_\_\_
6. Does your business have any special needs? \_\_\_\_\_  
\_\_\_\_\_

**QUESTIONS REGARDING APPLICANT:**

7. What is your email address? \_\_\_\_\_  
\_\_\_\_\_
8. What is your position in the company? \_\_\_\_\_  
\_\_\_\_\_
9. How long have you owned this business? If less than two years, please tell us what you did prior to opening this business. \_\_\_\_\_  
\_\_\_\_\_
10. Are you currently in the military? If yes, what is the Branch, Rank, & Number? \_\_\_\_\_  
\_\_\_\_\_
11. Have you ever filed for bankruptcy? Is yes, when? \_\_\_\_\_  
\_\_\_\_\_

**OTHER QUESTIONS:**

12. Why did you choose our location for your business? \_\_\_\_\_  
\_\_\_\_\_
13. How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_



**COMMERCIAL LEASE CREDIT APPLICATION**  
**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:  
**\$ 45.00**

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.*

