

## COMMERCIAL CREDIT APPLICATION

As a part of our normal review of prospective tenants, we require the following information. In order to expedite the approval of your lease, please provide the information requested below and attach audited financial statements.

### COMPANY INFORMATION:

Full Name of Company: \_\_\_\_\_

d/b/a: \_\_\_\_\_

Present Address: \_\_\_\_\_ Name of Parent Company: (if applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_

Present Phone: \_\_\_\_\_ City, State: \_\_\_\_\_

Present Fax: \_\_\_\_\_ Parent Co. Phone: \_\_\_\_\_

### COMPANY STRUCTURE

\_\_\_ Corporation (Complete Attachment A)    \_\_\_ Partnership (Complete Attachment C)  
\_\_\_ Limited Liability Company    \_\_\_ Sole Proprietorship (Complete Attachment D  
(Complete Attachment B)                      and Personal Financial Statement)

### WHO WILL SIGN THIS LEASE?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_ SIC Code: \_\_\_\_\_

Years in Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Size of Current Space: \_\_\_\_\_ square feet    Current Monthly Rent: \$ \_\_\_\_\_

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Circle One

- |  |     |    |
|--|-----|----|
| 1. Has your company or an affiliate (common shareholders, officers, partners, owners or directors) ever filed for or does it intend to file for bankruptcy?            | Yes | No |
| 2. Is your company or an affiliate a defendant in any suits or legal action?   | Yes | No |
| 3. Does your company or an affiliate have any outstanding tax liens, judgments or contingent liabilities of a significant nature:                                      | Yes | No |
| 4. Has your company or an affiliated company ever defaulted on a previous office, industrial or retail lease?  | Yes | No |
| 5. Has this company changed its name or merged within the last five (5) years?   | Yes | No |
| 6. Have any of the officers, directors or shareholders managed or owned an enterprise performing similar tasks or to similar customers within the last five (5) years? | Yes | No |

**REFERENCE INFORMATION**

**Present Landlord of Managing Agent:**

Name: \_\_\_\_\_ # of years at this address: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Landlord of Managing Agent:**

Name: \_\_\_\_\_ # of years at this address: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**BANK REFERENCES**

Bank Name \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Acct: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ # of years at this address: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Fax: \_\_\_\_\_

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### CREDIT/TRADE REFERENCES

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Account No: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Account No: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Account No: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Account No: \_\_\_\_\_

**I certify that all information on this statement and any attachments hereto represents the current and continuing financial condition of the above business in a true, accurate and complete manner to the best of my knowledge, information and belief. I authorize The Legend Group, LLC to investigate any and all sources of credit information and to seek information from credit bureaus, agencies and references.**

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

By: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Please print name)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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ATTACHMENT A

CORPORATION

Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Directors:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

State of Registration: \_\_\_\_\_

Date: \_\_\_\_\_

Tax Identification #: \_\_\_\_\_

Authorized Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Phone: \_\_\_\_\_

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**ATTACHMENT B**

**LIMITED LIABILITY COMPANY**

Owners/Members/Shareholders:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Directors:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

State of Registration: \_\_\_\_\_

Date Of Incorporation: \_\_\_\_\_

Tax Identification #: \_\_\_\_\_

Authorized Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Phone: \_\_\_\_\_

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**ATTACHMENT C**

**PARTNERSHIP**

Number of Partners in the Firm: \_\_\_\_\_

Indicate Type of Partnership:

\_\_\_ General      \_\_\_ Limited      \_\_\_ Limited Liability

Please list partners' names below. Make a copy of this sheet if extra there are more than four names.

**Name:** \_\_\_\_\_ **Percent Ownership:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Percent Ownership:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Percent Ownership:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Percent Ownership:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**State of Registration:** \_\_\_\_\_

**Date Of Organization:** \_\_\_\_\_

**Tax Identification #:** \_\_\_\_\_

**Authorized Representative:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

**Phone:** \_\_\_\_\_

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**ATTACHMENT D**

SOLE PROPPRIETORSHIP:

Business Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_

Social Security No: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone No: \_\_\_\_\_

ALSO COMPLETE ATTACHED PERSONAL FINANCIAL STATEMENT