

Credit Tenant Application

Name of Company: _____

D/B/A: _____

Present Address: _____

Name of Parent Company, if applicable: _____

Present Phone Number: _____ Present Fax Number: _____

Cellular Phone Number _____ Alt Phone # _____

E Mail _____

Company Structure: Corporation, State where registered: _____

Partnership Sole Proprietorship Individual Person

Who will sign the lease: Name: _____

Title: _____

Who will be personally responsible:

Name: _____ Date of Birth: _____

Home Address (complete): _____

Social Security #: _____ Home Phone Number: _____

Type of Business: _____

Number of Years in business: _____ Number of employees in Leased Premises: _____

Current Rent: _____

REFERENCE INFORMATION:

1. Bank Name: _____

Address: _____

Account #: _____ Account Officer: _____

Phone Number: _____ Fax Number: _____

2. Bank Name: _____
Address: _____
Account #: _____ Account Officer: _____
Phone Number: _____ Fax Number: _____

PLEASE LIST THREE (3) CREDIT/TRADE REFERENCES:

1. Name of Creditor: _____
Address, City, State, Zip: _____
Contact Person: _____ Phone #: _____

2. Name of Creditor: _____
Address, City, State, Zip: _____
Contact Person: _____ Phone #: _____

3. Name of Creditor: _____
Address, City, State, Zip: _____
Contact Person: _____ Phone #: _____

PRESENT LANDLORD AND/OR MANAGING AGENT:

Name: _____
Address, City, State, Zip: _____
Contact Person: _____ Phone Number: _____
Number of Years at this Address: _____ May we Contact them: _____

PREVIOUS LANDLORD AND LOCATION:

Name: _____
Address, City, State, Zip: _____
Contact Person: _____ Phone Number: _____
Number of Years at this Address: _____ May we Contact them: _____

CORPORATION INFORMATION:

U.S. State of Incorporation: _____ Date of Incorporation: _____

Federal Tax Identification (E.I.N.) #: _____

CORPORATE OFFICERS:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

DIRECTORS:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Authorized Representative: _____ Phone #: _____

I certify that all information on this statement 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 Doral Flex I, LLC and any entity, person, firm, partnership or corporation of such to investigate any and all sources of credit information and to seek information from credit bureaus and agencies.

Please fill out and sign the attached authorization form to conduct the investigation.

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____