P.O. Box 226 Hagerstown, MD 21741 301-790-0002

TENANT 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 financial statements for your company's last two fiscal years plus the most current financial statements.

COMPANY INFORMATION:

Name of Company:	
d/b/a:	
Present Address:	
Present Phone:	Present Fax:
Federal Tax ID#:	
Type of Business:	
Has your Company ever filed for bank	kruptcy? If "yes", explain:

Is yo	our Company a defendant in any lawsuits or legal action? If "yes" lain:
COI	MPANY STRUCTURE:
	 Corporation (please also complete Attachment A) Partnership (please also complete Attachment B) Sole Proprietorship (Please also complete Attachment C and vide a personal financial statement)
TEN	IANT'S CONTACTS WITH LANDLORD:
1.	Name:
	Title:
	Phone #:
2.	Name:
۷٠	Title:
	Phone #:
CRI	EDIT/TRADE REFERENCES:
1.	Name of Creditor:
	Address:
	Phone:
	Contact:
2.	Name of Creditor:
	Address:
	Phone:
	Contact:

PRESENT LANDLORD:

Name:
of years at this address:
Address:
May we contact them?
Landlord contact:
Phone: Fax:
I certify that all information on this statement and any attachments hereto (including any financial statements) 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 Tyler Donegan, inc. to investigate any and all sources of credit information and to seek information from credit bureaus and agencies, and from the references listed herein.
Signature:
Title:
Name:
Date

CREDIT APPLICATION Attachment A

Attachment A

CORPORATIONS:

Officers:
Name:
Title:
Signing Authority (Yes or No):
D.T.
Name:
Title:
Signing Authority (Yes or No):
Name:
Title:
Signing Authority (Yes or No):
Directors:
Name:
Title:
Signing Authority (Yes or No):
Name: Title:
Signing Authority (Yes or No):
organing fractionity (100 of 110).
Name:
Title:
Signing Authority (Yes or No):
State of Registration:
Date of Incorporation:

Tax Identification #:
Individuals other than Officers or Directors with authority to execute documents to bind the corporation:
Name:Title:
Name: Title:
Name: Title:
Name: Title:

CREDIT APPLICATION Attachment B

PARTNERSHIPS

Number of Partners in Firm:
Type of Partnership: General Limited
Are they all equal partners:
If limited, who are the General Partners?
Please state names and, if not equal partners, percentage ownership:
Name:
Percentage Ownership:
Address:
Signing Authority (Yes or No):
Name:
Percentage Ownership:
Address:
Signing Authority (Yes or No):
Name:
Percentage Ownership:
Address:
Signing Authority (Yes or No):
Name:
Percentage Ownership:
Address:
Signing Authority (Yes or No):
State of Registration:
Tax I.D. Number:

Individuals documents			with	authority	to	execute
Name: Title:						
Name: Title:						
Name: Title:						

CREDIT APPLICATION Attachment C

SOLE PROPRIETORSHIP:

wner's Name:	
tle:	
ome	
ldress:	
ome Phone:	
ell Phone:	
usiness Phone:	
rivers License #:	
ate of Drivers License:	
ocial Security #:	
ate of Birth:	