

Commercial Credit Application

The undersigned company is applying for credit with a potential Landlord through Easy Street Properties, LLC., and agrees to abide by the terms and conditions listed below.

Applicant Name:	Co-Applicant Name:
DBA (if different):	
Address of Applicant:	Address of Applicant:
Phone :	Phone:
Cell Phone:	Cell Phone:
Social Security #:	Social Security #:
Applicant Date of Birth:	Co-Applicant Date of Birth:
Applicant Driver's License No:	Co-Applicant Driver's License No:
Applicant Dr Lic State/Expires:	Co-Applicant Dr Lic State/Expires:
DESCRIPTION OF BUSINESS	Date Business Established:
	Emergency Contact
	Address
	City/State
	Phone

Are you (check one) a:
 SOLE PROPRIETOR CORPORATION PARTNERSHIP LLC

State of incorporation _____

Names, titles, and addresses of your three chief corporate officers (If applicant is an entity):

- _____
- _____
- _____

TRADE REFERENCES

Reference#1 **Name:** _____
 Address: _____
 Phone: _____

Reference#2 **Name:** _____
 Address: _____
 Phone: _____

Company Name: _____

Prior Address(es): _____

Landlord/Manager's Name(s): _____

Phone Number(s): _____

Length and Terms of Tenancy: _____

BANK REFERENCES **Phone:** _____

Bank #1 **Contact Person:** _____

Name of Bank: _____

Address: _____

Account: _____

Bank #2 **Phone:** _____

Contact Person: _____

Name of Bank: _____

Address: _____

Account#: _____

Bank #3 **Phone:** _____

Contact Person: _____

Name of bank: _____

Address: _____

Account#: _____

PERSONAL **Name:** _____

REFERENCES **Relationship/Years Known:** _____

Reference #1 **Address:** _____

Phone: _____

Reference #2 **Name:** _____

Relationship/Years Known: _____

Address: _____

Phone: _____

Reference #3 **Name:** _____

Relationship/Years Known: _____

Address: _____

Phone: _____

I represent that the above information is true and is given to induce Easy Street Properties, LLC or their client to extend credit to the applicant. I, as well as any entity to which I am a ,member or principal shareholder, authorize Easy Street Properties, LLC or potential Landlord to make such credit investigation as they see fit, including contacting the above trade references and banks and obtaining credit reports.

I have read the terms and conditions stated and agree to all of these terms and conditions

Applicant's authorized signature:

Printed Name & Title:

Date:

Co-Applicant's Authorized signature:

Printed Name & Title:

Date:

FINANCIAL STATEMENT OF: _____
 (PLEASE PRINT FULL NAME)

DATE OF VALUATIONS: _____

List all amounts in whole dollars, omitting cents. Please attach a separate sheet if you need more space to complete a detail schedule.

ASSETS		AMOUNT	LIABILITIES PAYABLE WITHIN ONE YEAR		AMOUNT
Cash			Accounts Payable		
Accounts Receivable Within One Year			Installment Contracts and Notes Payable To Banks		
Collectible Note and Mortgage Installments Due Within One Year			Notes Payable to Others		
Marketable Securities and Investments			Income Tax Payable		
Cash Value of Life Insurance			Other Taxes Payable		
Other:			Real Estate Mortgages		
			Other:		
TOTAL CURRENT ASSETS			TOTAL CURRENT LIABILITIES PAYABLE AFTER ONE YEAR		
IRA, 401(K) Plans			Installment Contracts and Notes Payable to Banks		
Other notes, Mortgages and Trust Deeds Owned			Notes Payable to Others		
Real Estate Owned			Real Estate Mortgages		
Partnership Capital Account			Real Estate Leases		
Other:			Loans on Life Insurance		
			Other:		
			TOTAL LIABILITIES		
			NET WORTH		
TOTAL>			TOTAL>		

ANNUAL INCOME		ANNUAL EXPENDITURES		CONTINGENT LIABILITIES	
Employment Income		Property Taxes / Assessments		As Endorser	
		Income and Other Taxes		As Guarantor	
Dividends		Mortgage Payments & Interest		On Damage Claims	
Interest		Other Contract Payments		For Taxes	
Rentals		Lease Payments		Other:	
Alimony, child support		Insurance			
Other:		Living Expenses			
		Alimony, child support/maintenance			
		Other		<input type="checkbox"/> Check here if "None"	
TOTAL INCOME>		TOTAL EXPENDITURES>		TOTAL CONTINGENT LIABILITIES>	

CASH (Bank Accounts)

Name and Address of Bank or Savings Institution	Account No	S	C	Account Balance on Above Date
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

S = Savings C=Checking

Applicant hereby declares under that all information contained in this Financial Statement and all information set forth in the financial statements is true and correct as of the date of Applicant's signature.

Applicant	Date/Place Signed	Applicant	Date/Place Signed
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