

## **CREDIT AND BACKGROUND INFORMATION**

## **BUSINESS INFORMATION** FULL LEGAL COMPANY NAME: \_\_(Please Print)\_\_\_ Business License #: \_\_\_\_\_ City: \_\_\_\_\_ DBA: Date Fictitious Bus. Name filed: \_\_\_\_\_ Federal Employ. ID#: \_\_\_\_\_ Bus. Address: (Please include City, State) Years in this Location: # of Stores: Where: \_\_\_\_\_ Name and Address of Agent for Service: \_\_\_\_ If a Corporation, State of Inc.: If a Partnership, Name and Address of General Partners: \_\_\_\_\_ Name and Address of Limited Partners (if any): \_\_\_\_\_\_\_\_\_ If a Limited Liability Company, Name and Address of Members: If Individuals, Name and Address: Years in Bus.: \_\_\_\_\_ Person to contact: \_\_\_\_\_ Nature of Bus: PLEASE LIST ALL BANK(S): (Business & Personal) \_\_\_\_\_\_ Tel#: Name of Bank: Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Personal Business \_\_\_\_\_ Branch: \_\_ Name of Bank: \_\_\_ Tel#: \_\_\_\_\_ Account #: \_\_\_\_\_ Personal Business TRADE REFERENCES, BUSINESS (if none, Personal) Current Landlord's Name: Tel#: Address: \_\_\_ How long as tenant: \_\_\_\_\_ Insurance Agency: \_\_\_\_\_ Tel#: \_\_ \_\_\_\_\_ Agent: \_\_\_\_\_\_ Other reference: Tel#: Address: \_\_ Comments: \_\_\_\_\_\_\_ Other reference: \_\_\_\_\_ Tel#: \_\_\_ Address: \_\_ Comments: \_\_\_\_ PERSONAL INFORMATION Name: Last: \_\_\_\_\_ First: \_\_\_\_ Middle: \_\_\_\_ Middle: \_\_\_\_ Previous Address (if less than 2 years): \_\_\_ Date of Birth: \_\_\_\_\_ Driver's Lic. (# and state): \_\_\_\_\_

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Employer:	Tel #:	
Employer's Address:		
Occupation:	Social Security #:	Monthly Income:
SPOUSE'S INFORMATION		
Name: Last:	First:	Middle:
Address:		
	years):	
Date of Birth:	Driver's Lic. (# and state):	<u> </u>
Employer:	Tel #:	
Employer's Address:		
Occupation:	Social Security #:	Monthly income:
HAVE YOU EVER FILED FOR BAN	IKRUPTCY?	
Business: Yes No Wh	en: State filed:	Chapter:
Personal: Yes No Wh	en: State filed:	Chapter:
MORTGAGE HOLDER (PERSONA	(L):	
Personal:	•	
Acct #:		
Tel #: Address:		
Contact:		
MORTGAGE HOLDER (BUSINESS	s):	
Business:		
Acct #:		
Tel #:		
Address: Contact:		
(whichever is going to be shown IN CASE OF EMERGENCY PLEAS) Name: Tel #: Address:	n as 'Lessee' in the lease). E CONTACT:	DERAL TAX RETURNS FOR THE LAST 3 YEARS FOR EITHER THE BUSINESS OR YOURSELF
What is the size of the facility of	KISTING LOCATION:  The strain of the strain	
• •	e space that is being replaced?	
What is the reason for acquiring	the new space?	
	AGER AND/OR HIS BROKER. I ALSO HER	D ABOVE AS REFERENCES TO PROVIDE FINANCIAL AND CREDIT INFORMATION TO MY EBY AUTHORIZE THE OWNER AND HIS/HER REPRESENTATIVES TO PERFORM A CREDIT CHECK
CONTAINED IS DISCOVERED TO I	BE FALSE OR MISLEADING, THE LEASE M ADDITION, THE LESSOR IS HEREBY GRAN	CONSIDERED PART OF THE LEASE AND ARE TRUE AND CORRECT. IF ANY INFORMATION HERE ADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE LESSOR, BE TED PERMISSION TO VERIFY ALL CREDIT/PERSONAL INFORMATION AND TO OBTAIN ANY ION ACCOMPLISHED BY MEANS OF ELECTRONIC SIGNATURE OR SIMILAR TECHNOLOGY SHAL
1	By Lessee	
		te):_
	On:	
	(Print Legal Enti	ty):
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	Ву:	
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