

REALTY SERVICE COMPANY LEASING CREDIT APPLICATION

DATE: \_\_\_\_\_ How did you find us? \_\_\_\_\_

SPACE APPLYING FOR: (Building Address) \_\_\_\_\_ (Suite #) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ STATE REGISTERED: \_\_\_\_\_

FED TAX ID # (if applicable): \_\_\_\_\_ Corporation [ ] Sole Proprietor [ ] Partnership [ ]

DESCRIPTION OF BUSINESS: \_\_\_\_\_ # OF YEARS IN BUSINESS: \_\_\_\_\_

PRESENT BUSINESS ADDRESS: \_\_\_\_\_

# OF YEARS THERE: \_\_\_\_\_ PRESENT COMPANY PHONE #: \_\_\_\_\_ Fax #: \_\_\_\_\_

CURRENT BUSINESS LANDLORD: \_\_\_\_\_ LANDLORD'S PHONE #: \_\_\_\_\_

1st PRINCIPAL NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

Cell #: \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Rent [ ] Own [ ] E-MAIL: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ DRIVERS LICENSE STATE: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

2nd PRINCIPAL NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

Cell #: \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Rent [ ] Own [ ] E-MAIL: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ DRIVERS LICENSE STATE: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BUSINESS CREDIT REFERENCES: (Business Charge Accounts, Vendors, Credit Accounts, Business Loans, etc.)

NAME of Vendor/Creditor: \_\_\_\_\_

Creditors Phone #: \_\_\_\_\_

NAME of Vendor/Creditor: \_\_\_\_\_

Creditors Phone #: \_\_\_\_\_

GENERAL COMMENTS ABOUT YOUR BUSINESS AND/OR BUSINESS PLAN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We hereby authorize Realty Service Company to order and to obtain credit and bank account information in reference to our desire to lease office space. It is hereby acknowledged that Realty Service Company will order a credit report through your bank and/or credit reporting agency, and that all information so obtained shall be confidential by all parties reviewing said data. Please refer to our Privacy Policy at [www.realtyserviceco.com](http://www.realtyserviceco.com)

\_\_\_\_\_  
1st Principal / Officer Signature

\_\_\_\_\_  
2nd Principal Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

(APPLICATION MUST BE SIGNED - COMPLETE ALL PARTS)

submit via fax: 301-322-4358 or via email: info@kdclargo.com