

Project \_\_\_\_\_

Suite \_\_\_\_\_

**SOUTHERN PROFESSIONAL CENTRE****BUSINESS APPLICATION**

NAME OF FIRM		TELEPHONE NO.	
STREET ADDRESS		CITY AND STATE	HOW LONG
MAILING ADDRESS (If Different than Above)			
PREVIOUS ADDRESS		CITY AND STATE	HOW LONG
PREVIOUS LANDLORD	ADDRESS	TELEPHONE NUMBER	
NATURE OF BUSINESS			HOW LONG IN BUSINESS
IS COMPANY A: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP			CONTRACTOR'S LICENSE NUMBER
IF CORPORATION, WHEN INCORPORATED			WHERE
OTHER DBA'S			

**LIST OFFICERS, PARTNERS OR OWNERS**

TITLE/ % OWNERSHIP	/	%	/	%	/	%
NAME						
ADDRESS						
CITY, STATE, ZIP						
DRIVERS LICENSE NO.						
SOC. SEC. NO.						
DATE OF BIRTH						

**BANKING**

BANK		SAVINGS ACCT. NO.	\$
ADDRESS	ZIP	CHECKING ACCT. NO.	\$
PHONE	CONTACT	LOAN NUMBER	\$
BANK		SAVINGS ACCT. NO.	\$
ADDRESS	ZIP	CHECKING ACCT. NO.	\$
PHONE	CONTACT	LOAN NUMBER	\$

COMMENTS

**BUSINESS CREDIT REFERENCES**

NAME	ADDRESS AND CITY		ZIP
PHONE	HOW LONG?	CONTACT	RATING
NAME	ADDRESS AND CITY		ZIP
PHONE	HOW LONG?	CONTACT	RATING
NAME	ADDRESS AND CITY		ZIP
PHONE	HOW LONG?	CONTACT	RATING

**ASSETS**FINANCIAL STATEMENT ATTACHED?  YES  NO

BUILDING	LAND	EQUIPMENT	FURNITURE & OFFICE EQUIPMENT
\$	\$	\$	\$
AUTOS	ACCOUNTS RECEIVABLE		NET WORTH
\$	\$		\$

**IMPORTANT: APPLICANT READ BEFORE SIGNING**

I authorize you to obtain such information as you may require concerning the statements contained in this application, both as a prerequisite for entering into a lease and at any time during the lease term if a lease is entered into between the parties.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_