



TENANT APPLICATION PACKET

The information requested below and in the attached packet is necessary for evaluating and approving a lease. The information will be considered confidential and will be used only for official purposes. By providing the information below, you authorize Ziff Properties, Inc. to perform a credit check and analysis on the business and individual(s) involved. Any references that may be requested will be contacted unless you request otherwise. The information provided herein will be materially relied upon in entering the lease. Providing false or misleading information will be cause for the termination of lease negotiations or breach of lease. ALL parties signing the lease will need to provide a copy of the requested information. Should you have any questions please do not hesitate to contact us at 843-724-3500.

Please complete application & return with below listed documents to:

Alec Boyle

aboyle@ziffcre.com

Fax: 843-724-3400

210 Wingo Way, Suite 400

Mt Pleasant, SC 29464

1. Audited financial statement for both subsidiary and parent company for current year-to-date and two past years or business tax returns for current year-to-date and past two years, if applicable
2. Personal tax returns for each person signing the lease for the past two calendar years (if tenant signs or guarantees the lease personally)
3. Business plan and two-year projection (sample attached as part of packet)
4. Bank statements for the past two most recent months
5. Copy of Driver's License for each person signing the lease (if tenant signs or guarantee the lease personally)
6. Articles of Incorporation, unless signing the lease as an individual (if the business entity signing the Lease has been in existence for less than four (4) years a guarantor will be required and must submit all requested information)



CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to **Ziff Properties, Inc.** to obtain a standard factual data credit report through a credit reporting agency chosen by **Ziff Properties, Inc.**

My signature below authorizes the credit reporting agency to release a copy of my credit application and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.). Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization if necessary to obtain any information regarding the above mentioned information.

Any reproduction of this credit report authorization and release made by reliable means (for example: photocopy of facsimile) is considered an original.

Signature

Signature

Printed Name

Printed Name

Address:

Address:

Street Apt. / PO Box

Street Apt. / PO Box

City, State, ZIP

City, State, ZIP

DOB: _____

DOB: _____

SSN: _____

SSN: _____

TELEPHONE NUMBER: _____

TELEPHONE NUMBER: _____

EMAIL: _____

EMAIL: _____

Ziff Properties, Inc.

Commercial Lease Application

Lease Location	Suite No.	Agent Contact and Telephone No.
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Business and Owner Information					
Business Name			Federal Tax ID		Date Established
Address	City	State	ZIP	Telephone	How Long at this Address?
Description of Business Activity				Individual _____	Partnership _____
				Corporation _____	Other _____
Owners Last Name	First	Middle	Social Security Number	Birth Date	Drivers License No./ State
Home Address	City	State	ZIP	Rent _____ Own _____	How Long?
Additional Owners Last Name	First	Middle	Social Security Number	Birth Date	Drivers License No./State
Home Address	City	State	ZIP	Rent _____ Own _____	How Long?

Landlord References						
Current Landlord Name		Contact Name	Monthly Rent	May we contact?		
Address	City	State	ZIP	Telephone		
Previous Business Address			City	State	ZIP	How Long?
Previous Landlord Name		Contact Name	Monthly Rent	May we contact?		
Address	City	State	ZIP	Telephone		

Bank Information					
Name of Bank	Account #	<input type="checkbox"/> Checking	Telephone	Address	City, State, ZIP
		<input type="checkbox"/> Savings			
Name of Bank	Account #	<input type="checkbox"/> Checking	Telephone	Address	City, State, ZIP
		<input type="checkbox"/> Savings			

Business References					
Name	Address		Contact Name	Telephone	Account No.
Name	Address		Contact Name	Telephone	Account No.

Name	Address	Contact Name	Telephone	Account No.
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Please attach your most recent business financial statement or federal income tax return. For new businesses, please attach a copy of your business plan and personal financial statement.

In compliance with the Fair Credit Reporting Act, this is to inform you that a credit investigation involving statements made on your lease application is being initiated.

I/We state that the above information given on this application is complete and accurate.

I/We authorize Ziff Properties, Inc., its employees, and agents to check the credit of the above named business, its owners, and officers to determine eligibility for a lease. I / We understand that this procedure may involve obtaining credit reports, business reports, character reports, contact with landlord, banking, and business references; and any other means available to verify the information given on this application or accompanying financial statements, tax returns, business plans, or other attachments.

Signed: _____	Signed: _____
Owner/Position/Title: _____	Owner/Position/Title: _____
Date: _____	Date: _____

Personal Financial Statement

Answer all questions using “no” or “none” where necessary. Please begin by completing schedules on page 2.

Personal Information			Date of Statement
Name (first, middle, last)	Birthdate	Phone Number	Social Security Number
Street Address (include apt. #)	City, State, Zip		How Long
Business/Employer	Title/Position		How Long
Business Address	City, State, Zip		Phone Number
Do you have any dependents? If yes, list ages.	Do you have a will? If yes, name of executor.		
Have you ever taken bankruptcy? If yes, explain.	Are you a defendant in any suits or legal actions?		
If joint statement, list names of individuals, whose assets, liabilities, and income are included.			

Assets		Liabilities	
Cash, on hand and unrestricted in banks From below	\$	Notes payable to Banks Schedule 1	\$
Accounts/Notes-receivable Schedule 2	\$	Notes and accounts due others Schedule 1	\$
Cash surrender value life insurance. (Do not deduct loans) Schedule 3	\$	Loan(s) against life insurance Schedule 3	\$
Listed (AMEX, NYSE) stocks, bonds, US Govt. Securities. Schedule 4	\$	Brokers Margin Accounts	\$
Others Stocks and Bonds Schedule 4	\$	Taxes accrued but unpaid	\$
Real Estate at cost or market value Schedule 5	\$	Mortgages payable on Real Estate Schedule 5	\$
Automobiles	\$		\$
	\$		\$
	\$		\$
Other Assets – itemize	\$	Other Liabilities - itemize	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Assets	= \$	Total Liabilities	= \$

New Worth Subtract your total liabilities from total assets and enter figure to right. \$

Contingent Liabilities As guarantor or co-maker, Legal claims on leases or contracts \$

Income Information <input type="checkbox"/> Monthly <input type="checkbox"/> Annual Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation		Banking Relationships	
Salary (Gross)	\$	Name & address of bank Single (S) Joint (J) Trust (T)	Cash Balance
Bonus and commissions, dividends, interest	\$		\$
Rental Income	\$		\$
Other – Itemize	\$		\$
	\$		\$
TOTAL INCOME	\$	TOTAL CASH (Take to Assets above)	\$

I warrant that there is no judgment against me nor lien unsatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit. With joint credit, all applicants must sign.

 Date Signature Date Signature
 Received By _____ Through _____ Office _____

Schedule 1 Debts/Credit Lines (Include home equity and any other open-end credit, even if unused)					
Name and Address of Bank	Endorsement or Collateral (describe)	Credit Line	Original Amount	Unpaid Balance	Monthly Payment
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Total:	\$	\$	\$	\$
Name and Address of Others					
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Total:	\$	\$	\$	\$

Schedule 2 Accounts, Loans, and Notes Receivable					
Name and Address of Debtor	Maturity Date	Amount Owing	Description or Nature of Debt	Description of Security Held	Repayment Terms
		\$			
		\$			
		\$			
	TOTAL:				

Schedule 3 Life Insurance								
Name of Insured	Beneficiary	Insurance Co.	Face Amount of Policy	Surrender Value	Loans Against Policy	Yearly Premium	Type of Policy	Is Policy Assigned?
			\$	\$	\$	\$		
			\$	\$	\$	\$		
		TOTAL:	\$	\$	\$	\$		

Schedule 4 Stocks, Bonds, and US Government Securities						
Description of Security	Registered in Name of	Face Value (Bonds) No. of Shares (Stocks)	Market value/share	Total Market Value	Pledged Yes/No	Listed (L) on NYSE, AMEX Unlisted (U) Government Security (G)
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			Total Listed:	\$		
			Total Unlisted:	\$		

Schedule 5 Real Estate								
Description or Address to Include City and State	Title in Name of	Date Acquired	Cost	Market Value	Tax Value	Original Amount	Unpaid Balance	Monthly Payment
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$

Other Credit References	(Give Names of Banks, Finance Companies, or other concerns where credit has been obtained)	Date	Account Number	Type of Account	High Credit
					\$
					\$
					\$
					\$

Tenant Contact Information

Date: _____

PLEASE PRINT OR TYPE.

Property Name: _____

Tenant Name: _____

Unit/Suite Number: _____

Contact Name: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact Emergency Number: _____

Contact E-Mail Address: _____

Contact Emergency Address: _____

*(This should **not be the business address**, but should be an emergency contact address.)*

Lease Notices Address: _____

*(This is the address where any **lease related documents and correspondence will be mailed.**)*

Billing Address: _____

(This is the address where any invoices will be mailed.)

Billing Contact Name: _____

Billing Phone

Number: _____

Billing Fax Number: _____

Billing E-Mail: _____