

PLEASE FAX COMPLETED APPLICATION TO:  
(760) 744-5874

## COMMERCIAL CREDIT APPLICATION

PROPERTY ADDRESS: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_

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

HOW LONG? \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**SOCIAL SECURITY-APPLICANT #1** \_\_\_\_\_ **#2** \_\_\_\_\_

DRIVERS LICENSE-APPLICANT #1 \_\_\_\_\_ #2 \_\_\_\_\_

DATE OF BIRTH - APPLICANT #1 \_\_\_\_\_ #2 \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

**CURRENT BUSINESS ADDRESS:** \_\_\_\_\_

CURRENT LANDLORD PHONE #: \_\_\_\_\_

**NAME, ADDRESS AND PHONE # OF NEAREST LIVING RELATIVE:** \_\_\_\_\_

WHAT IS YOUR PROPOSED BUSINESS FOR THIS SPACE? \_\_\_\_\_

I AUTHORIZE THE LANDLORD OR HIS AUTHORIZED AGENTS TO VERIFY THE ABOVE INFORMATION, INCLUDING BUT NOT LIMITED TO, OBTAINING A CREDIT REPORT.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_