

H.B. Springs Co.
Commercial Real Estate
2511 N. Oak St., Myrtle Beach, SC 29577
843.448.7653
www.hbsprings.com

COMMERCIAL LEASE APPLICATION

CONDITIONS AND INFORMATION

The completion of this application by Applicant(s) ("Tenant") and the acceptance of this application by Creditor ("Landlord") create no obligation of Landlord to approve the application or enter into a lease with Tenant.

By completing this application, Applicant(s) do hereby give full consent to Landlord and H.B. Springs Co. Real Estate, its agents or associates to have access and obtain information on its present and past history and any information relating to same.

This application is to be used for the purpose of establishing Applicant's current and past credit position and financial credibility and is for the use and review only by those Landlord(s) and representative(s) of the property Applicant is interested in leasing.

A Credit Check Authorization Form (see attached) is provided, in addition to this application. Completion of this Credit Check Authorization is _____ or is not _____ required. Landlord reserves the, right after reviewing the initial application, to later require the completion of a Credit Check Authorization Form if a Guarantor becomes a requirement of the lease.

The confidentiality of the information being furnished by Applicant will be preserved except where disclosure of this information is required by applicable law or for the purposes of evaluating this proposed transaction.

Please provide all of the information requested below. Incomplete information can delay the processing of your application. Print clearly or type.

Address of Premises: _____

Space #: _____ **Square Feet:** _____

Complete Legal Name to Appear on Lease: _____

Corporation: _____ LLC: _____ Partnership: _____ LLP: _____ Sole Proprietor: _____

State in Which Entity Formed: _____ Year Formed: _____

Federal Tax Payer Identification No: _____

D/B/A to Appear on Lease: _____

Applicant Main Address or Home Address: (physical street address only, no Post Office Boxes accepted)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Mobile Phone: _____ Fax: _____

Email Address: _____

Address for Notices & Billing:

Street Address _____

City: _____ State: _____ Zip Code: _____

Current Business Name (If Differs from Legal Name for This Application): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____ Years in Business: _____

Name of Person(s) Who Will Sign Lease:

Person 1: _____ Title: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issuance: _____

Married (check): _____ Single (check): _____ Spouse's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Mobile Phone: _____ Fax: _____

Email Address: _____

Person 2: _____ Title: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issuance: _____

Married (check): _____ Single (check): _____ Spouse's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Mobile Phone: _____ Fax: _____

Email Address: _____

Prior Commercial Rental History:

Location 1: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Rent / Own – Circle One \$ _____ Rental/Mortgage Amount Paid Monthly

Dates Occupied From: _____ To: _____

Select One: Landlord Name / Property Management Co. / Mortgage Co. _____

Phone # _____

Reason for leaving: _____

Location 2: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Rent / Own – Circle One \$ _____ Rental/Mortgage Amount Paid Monthly

Dates Occupied From: _____ To: _____

Select One: Landlord Name / Property Management Co. / Mortgage Co. _____

Phone # _____

Reason for leaving: _____

Current Existing Business Locations:

Location 1: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Rent / Own – Circle One \$ _____ Rental/Mortgage Amount Paid Monthly

Dates Occupied From: _____ To: _____

Select One: Landlord Name / Property Management Co. / Mortgage Co. _____

Phone # _____

Location 2: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Rent / Own – Circle One \$ _____ Rental/Mortgage Amount Paid Monthly

Dates Occupied From: _____ To: _____

Select One: Landlord Name / Property Management Co. / Mortgage Co. _____

Phone # _____

Names of Person(s) who will Guarantee Lease:

Person 1: _____ Title: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issuance: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Fax: _____

Email Address: _____

Person 2: _____ Title: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issuance: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Fax: _____

Email Address: _____

Credit References (Business / Personal):

Name 1: _____ (circle one): Business / Personal

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone Number: _____

Name 2: _____ (circle one): Business / Personal

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone Number: _____

Bank References (Checking / Savings Accounts):

Name 1: _____ Account Type: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____

Name 2: _____ Account Type: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____

Credit Card Information:

Issuer 1: _____ Card Number: _____

Approximate Balance: \$ _____ Payments: \$ _____

Issuer 2: _____ Card Number: _____

Approximate Balance: \$ _____ Payments: \$ _____

Other Creditors Not Already Listed (Auto Loans / Mortgages, Etc):

Creditor Name 1: _____ **Type of Loan:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Name: _____ **Phone Number:** _____

Account Number: _____ **Balance: \$** _____ **Monthly Payment:** _____

Creditor Name 2: _____ **Type of Loan:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Name: _____ **Phone Number:** _____

Account Number: _____ **Balance: \$** _____ **Monthly Payment:** _____

Attach copies of the following documentation:

1. Statement of Financial Condition
2. Credit Check Authorization Form

Each Applicant, Guarantor, Principal or Individual furnishing the above and attached information does hereby represent that all of the information and statements provided are true and accurate. Each does hereby agree that the information provided is material to the potential Landlord's decision with respect to granting or denying this application to enter into a lease. Each does hereby authorize verification of all information provided, including but not limited to obtaining a credit report, each consenting to furnish additional credit references upon request. Each does further consent to allow Landlord and H.B. Springs Co. Real Estate to disclose tenancy information to previous or subsequent landlord's or agents. The undersigned do hereby waive any privacy of credit information rights or regulations. Each does further understand that in such event as the information and material provided does not verify, cannot be verified or fails to meet the approval of the Landlord or H.B. Springs Co. Real Estate, for any reason in its sole and subjective opinion, then this application may be denied and that the **\$ 75.00** fee paid together with this application is a non-refundable fee, whether the application is approved or denied.

Applicant Signature

Date

Applicant Signature

Date

LANDLORD & OFFICE USE ONLY: Insert Financial Data & To Party Responsible For Other Noted Items

Annual Costs:

Rent: \$ _____ **CAM: \$** _____ **Roof:** _____ **HVAC:** _____

Property Insurance: _____ **Property Tax:** _____

Confidential Statement of Financial Condition

To Be Completed By Each Lease Applicant, Print Additional Copies As Necessary

Applicant Name: _____

As of: _____

Assets		In Dollars	Liabilities		In Dollars
Cash on Hand: List Amount & Insitutions			Notes Payable: List Amount & To Whom		
			To Others		
Securities:			Mortgage Debt:		
	Listed				
	Unlisted, Restricted, or Closely Held				
Retirement Accounts:			Other Debt:		
			Due to Brokers	\$	-
			Accounts & Bills Due	\$	-
			Unpaid Taxes	\$	-
Real Estate:			Other Debts - Itemize:		
	Partial Interest in Real Estate				
	Real Estate Owned				
				\$	-
Other Assets:				\$	-
	Loans Receivable	\$		\$	-
	Autos & Personal Property			\$	-
	Cash (Not Face) Value Life Insurance		Total Liabilities		
	Other Assets - Itemize:				
		\$		Net Worth (Total Assets Minus Total Liabilites)	
		\$			
Total Assets			Total Liabilities and Net Worth		\$
					-

Source of Income for Year Ended 20 _____

Salary	
Bonuses & Commissions	\$ -
Dividends	\$ -
Real Estate Income	\$ -
Other Income	
	\$ -
	\$ -
	\$ -
Total	

Contingent Liabilites

Do you endorse, co-make, or guarantee any loans or have any other contingent obligations ?	
If so, list below:	
Endorser, co-maker or guarantor	
Leases or contracts	\$ -
Legal claims	\$ -
Other special debt	\$ -
Amount of contested income tax liens	\$ -

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CREDIT CHECK AUTHORIZATION

(A separate authorization is required for each applicant)

I / We the undersigned do hereby authorize the H.B. Springs Co. Real Estate, and /or any of its affiliates, partners, associates, employees or designees, hereafter referred to collectively as H.B. Springs Co. Real Estate, to make any credit inquiries that H.B. Springs Co. Real Estate may deem necessary in connection with my / our commercial lease application. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries / checks that H.B. Springs Co. Real Estate may deem necessary now or in the future, in connection with the tenancy contemplated herein.

Applicant:

Print Name

By: _____

Its: _____

Street Address

City, State, Zip

Date of Birth

Driver's License Number, State of Issue

Federal ID # / SSN#

Dated