

Schaefer Center L.L.C, Tenant Information Sheet

BUSINESS INFORMATION

FULL LEGAL COMPANY NAME: _____

Business License #: _____ City: _____

DBA: _____ Fed Employer ID#: _____

Date Fictitious Business Name filed: _____

Business Address: _____

Telephone: _____ Fax: _____

Years in this Location: _____ # of Stores: _____ Where: _____

If a Corporation, State of Inc.: _____ Name and address of Agent for Service: _____

If a Partnership, Names and addresses of General Partners: _____

Names and addresses of Limited Partners (if any): _____

If a Limited Liability Company, Names and addresses of Members: _____

If Individuals, names and addresses: _____

Years in Business: _____ Person to contact: _____

Nature of Business: _____

PLEASE LIST ALL BANK(S): (Business & Personal)

Name of Bank: _____ Branch: _____ Telephone #: _____

Account Name: _____ Acct. #: _____ Personal: [] Business []

Other []

Name of Bank: _____ Branch: _____ Telephone #: _____

Account Name: _____ Acct. #: _____ Personal: [] Business []

Other []

TRADE REFERENCES, BUSINESS (if none, Personal)

Landlord's Name: _____ Telephone _____

Address: _____ How long: _____

Insurance Agency: _____ Telephone: _____

Address: _____ Agent: _____

Comments: _____ Personal: [] Business []

Other reference: _____ Telephone: _____

Address: _____ Personal: [] Business []

Comments: _____

Other reference: _____ Telephone: _____

Address: _____ Personal: [] Business []

Comments: _____

PERSONAL INFORMATION

NAME: Last: _____ First: _____ Middle: _____

Address: _____

Previous Address (if less than 2 years): _____

Date of Birth (or age): _____ Driver's License # and State: _____

Employer: _____ Telephone: _____

Employer's Address: _____ Occupation: _____

Social Security #: _____ Monthly income: _____

SPOUSE'S INFORMATION

NAME: Last: _____ First: _____ Middle: _____

Address: _____

Previous Address (if less than 2 years): _____

Date of Birth (or age): _____ Driver's License # and State: _____

Employer: _____ Telephone: _____

Employer's Address: _____ Occupation: _____

Social Security #: _____ Monthly income: _____

HAVE YOU EVER FILED FOR BANKRUPTCY?

Business: Yes [] No [] When: _____ State filed: _____ Chapter: _____

Personal: Yes [] No [] When: _____ State filed: _____ Chapter: _____

MORTGAGE HOLDERS:

Personal: _____ Account #: _____ Telephone: _____

Address: _____ Contact: _____

Business: _____ Account #: _____ Telephone: _____

Address: _____ Contact: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Telephone: _____

Address: _____

THE REPRESENTATIONS OF FACT CONTAINED IN THIS APPLICATION ARE CONSIDERED PART OF THE LEASE AND ARE TRUE AND CORRECT. IF ANY INFORMATION HEREIN CONTAINED IS DISCOVERED TO BE FALSE OR MISLEADING, THE LEASE MADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE LESSOR, BE TERMINATED AT ANY TIME. IN ADDITION, THE LESSOR IS HEREBY GRANTED PERMISSION TO VERIFY ALL CREDIT/PERSONAL INFORMATION AND TO OBTAIN ANY CREDIT REPORTS IT DEEMS NECESSARY.

PLEASE ATTACH A CURRENT FINANCIAL STATEMENT. IF ONE IS NOT ATTACHED, PLEASE STATE WHY:

HOW DID YOU FIND THIS PROPERTY? _____

Signature: _____ Signature: _____

Print or Type Name: _____ Print or Type Name: _____

Date: _____ Date: _____