Atlantic Office Suites

Credit Application

·									
Date									
BILLING INFORMATION Full Legal Business Name									
Business Phone Number ()					Business Fax Number ()				
Address (cannot be a PO Box)				City			State	Zip + 4	
Billing Address (if different from above				City			State	Zip + 4	
BUSINESS CREDIT INFORMATION Principal (s) Authorized Officer (s) Title (s)									
							, ,		
Person To Contact Regarding Account							E-Mail Address		
Parent Company							DBA or AKA		
Address			City				State	Zip + 4	
Taxpayer ID Number In Business Since Company Annual Revenue [] Less than \$1,000,000 [] Greater than \$1,000,								ter than \$1,000,000	
No. of Employees [] 1-4 [] 5-9 [] 10-14 [] 15-24 [] 25-49 [] 50-99 [] 100-499 [] 500+ Legal Structure (check all that apply)									
[]Corporation []Proprietorship []PartnershipSub SLimited LiabilityProfessional []Non-Profit OrganizationLimited									
BANK REFERENCES Bank Name Contact									
			Contact					1	
Bank Address			City			St	ate	Zip + 4	
TRADE REFERENCES Name Address Contact Phone								Phone	
Name			Address						
Name			Address			Co	ontact	Phone	
Name			Address			Co	ontact	Phone	
LANDLORD REFERENCES									
Name of Landlord			Address of Space Rented			Co	ontact	Phone	
Dates of Lease Commencement and Expiration			Monthly Rent			SF	Occupied	Any Defaults?	
Name of Landlord			Address of Space Rented			Co	ontact	Phone	
Dates of Lease Commencement and Expiration			Monthly Rent			SF	Occupied	Any Defaults?	
THIS SECTION MUST BE COMPLETED IF: (1) A SOLE PROPRIETORSHIP; (2) A PARTNERSHIP; (3) A PROFESSIONAL; (4) UNINCORPORATED; (5) INCORPORATED FOR LESS THAN 1 YEAR; OR IF THE APPLICANT HAS ANNUAL REVENUE OF LESS THAN \$2,000,000.00 I agree to be liable for any unpaid amounts on this Account. I authorize GDR Management to investigate my business and personal credit and financial records, including my banking records. I understand that GDR Management may request my personal credit bureau report in considering this application, and for the purpose of an update renewal, extension of credit, review or collection of this account. First Name Middle Last Name Social Security Number									
			Lastivalle			·			
Present Home Address (number and street)			1			Г <u>-</u>	Home Phone Number		
City State			Zip (Zip Code	Code		
SIGNATURE									
Signature of Authorized Officer Date									
Please print name and title									