ENTITY-GUARANTOR LEASE APPLICATION

(PLEASE TYPE)

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E XACT LEGAL NAME OF AKA" (OR DBA)				
				()
	NUMBER & ST	REET	CITY/STATE/ZIP	PHONE NUMBER
EDERAL TAX IDENTIFIC	CATION NUMBER:			
<u>F FIRM IS A FOREIGN C</u>	ONCERN, INCLUDE	THE ABOVE, A	ND ATTACH CURRENT	(30-DAY) LETTER OF CREDI
DATE AND STATE OF CO	ORP/LLC/LP & FILF	NO		
OFFICERS: PRESIDE				
SECRET				
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		ORITY TO SIGN	LEASE OR ANY SUBSE	EQUENT AMENDMENTS OR
ENEWALS TO LEASE:				
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Please answer the following questions completely.

HAS THE ENTITY EVER BEEN SUSPENDED BY THE STATE? YES NO
IF YES, STATE NATURE OF ACTION AND REASON
IS THE ENTITY INVOLVED IN ANY PENDING LITIGATION? YES NO
IF SO, ARE YOU THE PLAINTIFF, OR THE DEFENDANT (CIRCLE ONE), AND PLEASE BRIEFLY EXPLAIN THE SUIT(S) BELOW OR ON ADDITIONAL SHEET OF PAPER
ARE THERE ANY OUTSTANDING TAX LIENS FILED OR PENDING AGAINST THE ENTITY? YES NO
IF YES, PLEASE EXPLAIN (GIVE DATE, AMOUNT, AGENCY
DO YOU CURRENTLY ENJOY AN OPERATING LINE OF CREDIT? YES NO
IF YES, PLEASE EXPLAIN TERMS, AVAILABLE AMOUNT(S), INSTITUTIONS, AND WHO TO CONTACT FOR VERIFICATION & PHONE NUMBER
DOES THE FIRM CURRENTLY OWN: REAL PROPERTY ASSETS? YES NO IF YES, DESCRIBE: (Attach schedule if necessary)
ARE THE UNSECURED PERSONAL PROPERTY ASSETS HELD: (CHECK OFF) A) FREE AND CLEAR?
B) SUBJECT TO BANK OR UNIFORM COMMERCIAL CODE LIEN?
(DESCRIBE ALL OUTSTANDING LIENS)
NAMES OF OFFICERS, DIRECTORS OR SHAREHOLDERS (Please list & attach schedule if applicable
The Applicant above certifies that all information above is correct, and understands that Lessor will be making a decision to lease based upon it, and information independently acquired and/or verified through public and private sources. Applicant will hold Lessor and its agents harmless in the event of false information being verified or acquired, and authorizes Lessor to obtain any and all information it deems necessary in arriving at a decision to lease from any and all sources it deems reliable.
Signed: (Authorized Officers) (2 required)
Name (Printed) Signature
Name (Printed) Signature
Date:
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