

Social Living Real Estate Boutique

NORTH TEXAS COMMERCIAL ASSOCIATION OF REALTORS® COMMERCIAL CREDIT APPLICATION

1. **INDIVIDUAL Name:** _____

Current residence address: _____

Phone(s): _____ Driver's license no: _____ State: _____

Social security no: _____ Birth date: _____ Spouse name: _____

Name and phone of current landlord, if any: _____

How long at this address? _____ If less than 2 years at current address, list previous address, landlord and phone:

Your bank: _____

Bank address: _____

Type account: _____ Account no: _____

Type account: _____ Account no: _____

Bank officer: _____ Phone: _____

Your employer: _____ Phone: _____

Employer address: _____

If employed less than two years, please list previous employer: _____

Address and phone: _____

2. **BUSINESS Name:** _____

Tax I.D. no: _____ Individual Corp LLC Partnership Limited Partnership Other

Current business address: _____

Phone numbers: _____ Fax: _____

Email: _____

Other operating name or DBA: _____

Name and phone of landlord: _____

How long at this address? _____ If less than 2 years at current address, list previous address, landlord and phone:

Your business bank: _____

Bank address: _____

Type account: _____ Account no: _____

Type account: _____ Account no: _____

Bank officer: _____ Phone: _____

Please list two trade credit references, their phone numbers, and your account numbers at those references:

Your signature authorizes the recipient of this Application to obtain a credit report on you and your business.

Signed: _____ Date: _____

If available, attach a financial statement or income and expense report for the person or company making this Application.

COMMERCIAL CREDIT APPLICATION

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