

SCM Real Estate Services

NORTH TEXAS COMMERCIAL ASSOCIATION OF REALTORS®

COMMERCIAL LEASE CREDIT APPLICATION

1. **INDIVIDUAL** Full Name: _____ (include any suffix)

Social Security No: _____ Birth Date: _____ Drivers License No: _____ State: _____

Current Address: _____

Residence phone: _____ Other phone: _____ Fax: _____

If less than 2 years at current address, please list previous address:

Employer: _____ Telephone: _____

Employer Address: _____

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

Address: _____

Name and address of landlord(s) last two years: _____

Please list two personal references and their telephone numbers and describe the relationships:

2. **BUSINESS** Name: _____

Tax I.D. No: _____ C Corp S Corp Gen'l. Partnership L.L.P. Individual P.A.

Current Address: _____

Telephone numbers: _____ Fax Phone: _____

Other Operating Name or DBA: _____

If less than 2 years at current address, please list previous address:

Banking Reference: _____

Type Account: _____ Account Nos: _____

Type Account: _____ Account Nos: _____

Bank Address: _____

Bank Officer: _____ Telephone: _____

Please list two Trade Credit References, their telephone numbers, and your account numbers at those references:

Your signature authorizes _____ to obtain a credit check on you and your business.

Signed: _____ Date: _____

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