



TFC Lease Application

2009

Tenant Information:

First Name: _____ Last Name: _____

Business Name: _____ Corp/Part/Sole: _____

Home Address: _____ City: _____ St: _____

Zip: _____ Home Phone: _____ Email: _____

Business Address: _____ City: _____ St: _____

Zip: _____ Business Phone: _____ Email: _____

Tax ID: _____ Drivers License: _____

Primary Contact: _____ Phone: _____

Financial Information:

Gross Annual Sales: _____ Bank Name: _____

Bank Address: _____ City: _____ St: _____ Zip: _____

Bank Contact: _____ Bank Phone: _____ Avg Bal: _____

Financial Institution 1 : _____ City: _____ St: _____ Zip: _____

Contact: _____ Phone: _____ Avg Bal: _____

Financial Institution 2 : _____ City: _____ St: _____ Zip: _____

Contact: _____ Phone: _____ Avg Bal: _____

Financial Institution 3 : _____ City: _____ St: _____ Zip: _____

Contact: _____ Phone: _____ Avg Bal: _____



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Financial Information 2:

Own ___ Rent: ___ Curent Home Value: _____ Mortgage Amt _____

Previous Residence Address: _____ Own ___ Rent ___

Existing Landlord Name: _____ Phone: _____

Credit Reference 1: _____ Phone: _____

Credit Reference 2: _____ Phone: _____

Have you ever filed Bankruptcy: _____ Year: _____ Still Pending: _____

How much in liquid assets do you have available for your business? _____

May I contact your previous Landlord: _____ May I run a Personal Credit Check? _____

If this is an existing business, how many years has it been operating? _____

How many vehilces do you anticipate your business will need M-F? _____

How many vehicles do you anticipate your business will need to park overnight/weekends? _____

Additional Information:

Insuarncce Company: _____ Phone: _____

Address: _____ City: _____ St: ___ Zip: _____

Alarm Company: _____ Phone: _____

Address: _____ City: _____ St: ___ Zip: _____

Business Fax Number: _____ Cell Phone Number: _____

Home Fax Number: _____ Emergency Contact: _____

Personal Email Address: _____ Business Email: _____

Website Address: _____