APARTMENT OUTFITTERS
COMMERCIAL CREDIT APPLICATION

PLEASE PRINT CLEARLY

BUSINESS INFORMATION -*Please submit financial statements if available.

Company Name _____ D.B.A. _____

Street Address _____ City/State/Zip _____

Phone No. _____ Fax No. _____ Accounts Payable Officer _____

Yrs. In Business _____ Annual Sales Volume _____ Subsidiary: Yes □ No □

Full Name & Address of Parent Company _____

_____

Business Type: Corporation □ Partnership □ Sole Proprietorship □ Federal Tax Id No. _____

If your organization is exempt from sales tax, please include a copy of the tax exempt certificate.

PRINCIPAL INFORMATION – Please provide name, address and phone of principal officers.

President _____

Vice President _____

Treasurer _____

BANK REFERENCE

Bank Name _____ Contact Person _____ Phone _____

Address _____ Account Number _____

TRADE REFERENCES

Please provide a minimum of three suppliers with which your company has established credit.

Name	Address	State	Phone No.	Account Number
1.				
2.				
3.				
4.				

The information on this application is submitted for the purpose of securing a Rental Agreement from Apartment Outfitters. I (we) hereby certify that this information is true, correct and complete, and I (we) understand and agree that falsification of this data is grounds for Apartment Outfitters refusing to enter into a rental agreement. I (we) acknowledge and agree that my (our), Rental Agreement with Apartment Outfitters will not become effective until this Rental Application has been approved. I (we) give Apartment Outfitters authorization to check the credit and banking information I (we) have provided.

_____ _____

Signature Date Signature Date

REVISED 10/22/04