

BAILEY AND ASSOCIATES, Inc.
P.O. Box 400/Jacksonville, NC 28541-0400
405-D Western Blvd., Jacksonville, NC 28546
(910) 346-8443 (Tel.)
(910) 346-8637 (Fax)

E-mail to: Lesa J. Campanella – Leasing Administrator. - lcampanella@baileyandassociates.biz

TENANT APPLICATION

Name of Applicant: (Full name) _____
Date of Application: _____
Shopping Center Name: _____
Proposed use of property: _____
Sit Down Restaurant: _____ Approximately how many tables _____
Take-out restaurant: _____ Will beer, wine or liquor be served: _____

Applicant's Home Address: _____
Home Phone: _____
Cell Phone: _____ E-mail address: _____
Social Security No: _____ Date of Birth _____
Fax Number _____
Place of employment: _____
Work Phone: _____

Co-Applicant Information (Spouse): _____
Home Address: _____
Home Phone: _____
Cell Phone: _____ Email address: _____
Social Security No: _____ Date of Birth: _____
Fax Number: _____
Place of employment: _____
Work Phone: _____

Co-Applicant Information (Additional co-applicant) _____
Home Address: _____
Home Phone: _____
Cell Phone: _____ Email address: _____
Social Security No: _____ Date of Birth: _____
Fax Number: _____
Place of employment: _____
Work Phone: _____

CORPORATION NAME: (Two officers of corporation are required to sign personal guaranty for lease agreement.)

Corporation Name: _____
Address: _____
Phone: _____ Fax: _____

Name of President: _____ E-mail: _____
Home Address: _____
Social Security No. _____ Date of Birth: _____
Telephone Number: _____ Cell Phone: _____

Vice President: _____ **E-mail:** _____
Home Address: _____
Social Security No. _____ **Date of Birth:** _____
Tel. Number: _____ **Cell Phone:** _____

Secretary: _____ **E-mail:** _____
Home Address: _____
Social Security No. _____ **Date of Birth:** _____
Tel. Number: _____ **Cell Phone:** _____

Treasurer: _____ **E-mail:** _____
Home Address: _____
Social Security No. _____ **Date of Birth:** _____
Tel. Number: _____ **Cell Phone:** _____

PARTNERSHIP NAME:

1st Partner (Name): _____ **E-mail:** _____
Address: _____
Social Security No. _____ **Date of Birth:** _____
Tel. Number: _____ **Cell Phone:** _____

2nd Partner (Name): _____ **E-mail:** _____
Address: _____
Social Security No. _____ **Date of Birth:** _____
Tel. Number: _____ **Cell Phone:** _____

BANK REFERENCES:

Bank Name: _____ **Phone:** _____
Bank Address: _____
Contact Name: _____

Bank Name: _____ **Phone:** _____
Bank Address: _____
Contact Name: _____

CURRENT LANDLORD:

Name: _____ **Tel. Number:** _____
Address: _____
Fax: _____ **E-mail:** _____

PREVIOUS LANDLORD:

Name: _____ **Tel. Number:** _____
Address: _____
Fax: _____ **E-mail:** _____

PREVIOUS TRADE NAMES:

I/We have previously traded under the following names/names:

1. _____ **Date to/from:** _____

2. _____ **Date to/from:** _____

REFERENCES: (Relatives cannot be used as references. Please provide names/email addresses of people or companies with whom you have payment history.)

Name: _____ Tel. Number: _____
Address: _____

Name: _____ Tel. Number: _____
Address: _____

Name: _____ Tel. Number: _____
Address: _____

Please check the following statements:

_____ I/we represent that the information provided in this application is true, complete and accurate to the best of my knowledge and understand that any misrepresentation or omission of information is grounds for denial of application.

_____ I/we understand that the information provided will be kept confidential and will be used only by Bailey and Associates, Inc. (Landlord). I authorize Bailey and Associates, Inc. to verify all the information given in this application, including but not limited to financial/credit information, past rental information, personal references and employment information provided. I do authorize Bailey and Associates, Inc. to obtain a current credit and/or criminal background check.

_____ I/we understand that this application is non-binding and shall not be construed as a rental agreement; nor shall this application create any obligation on the part of Bailey and Associates, Inc.

_____ I understand there is a non-refundable fee of \$30.00 per applicant upon submission of application.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature and Date: _____ Date: _____

Co-Applicant's Signature and Date: _____ Date: _____

Co-Applicant's Signature and Date: _____ Date: _____

OFFICE USE ONLY:

Application taken by: _____ Date: _____

Application verified by: _____ Date: _____

Approved/Disapproved: _____

Fee(s) Due: \$ _____ Fee(s) Paid \$ _____