



LEASE / CREDIT APPLICATION

(For joint tenants or partnerships, a form must be submitted for each member)

PLEASE FILL OUT THE FOLLOWING REQUIRED FIELDS

COMPANY: _____

DBA: _____

TAX ID #: _____ TYPE OF INDUSTRY: _____

BUSINESS DESCRIPTION: _____ YEARS IN BUSINESS: _____

APPLICANT NAME _____ TITLE _____

COMPANY'S PRESENT ADDRESS _____
(Street Address)

(City, State, Zip)

COMPANY'S PHONE (_____) _____ WEBSITE: _____

PERSONAL INFORMATION

HOME ADDRESS: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

IF PROVIDING A SOCIAL SECURITY NUMBER IN LIEU OF A TAX ID, WE REQUIRE HOME ADDRESS INFORMATION

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH: _____

HOME ADDRESS _____
(Street Address)

(City, State, Zip)

PLEASE ANSWER THE FOLLOWING QUESTION

Have you or any owner ever filed any voluntary or involuntary bankruptcy petition? Yes No If
yes, please explain.

EMAIL: RMCCALLEN@DANIELSHEALTH.COM

I certify the above information is true and correct and hereby grant permission to verify all information and to obtain credit reports on applicant and its principal owners.

*** SIGNATURE (REQUIRED)** _____

DATE _____