

## CREDIT APPLICATION

### INTERNATIONAL TOWN EAST TOWER, L.P.

5910 N. Central Expressway, Suite 1670  
 Dallas, TX 75206 214.521.9896 Phone

Date of Application \_\_\_\_\_

\*Form Will Be Returned If Not Filled Out Completely

Firm Name (Completed Legal Name)		Company Tax ID/EIN #		DBA Name (if any)	
Business Address	City	State	Zip Code	Phone	
List Other Location or Branch Offices	City	State	Zip Code	Phone	
Billing Address	City	State	Zip Code	Phone	
Type of Business/Product		How Long in Business	Date Present Ownership Began	Ever Filed Bankruptcy? No <input type="checkbox"/> Yes <input type="checkbox"/> Year__	
Current Landlord's Name		Current Landlord's Address		Phone	

**Principals, Partners, Officers, Please Complete:**      **If Incorporated, date of Incorporation:** \_\_\_\_\_

Name	Social Security #	Driver's License #	DOB	Spouse's Name	
Home Street Address	Rent <input type="checkbox"/> Own <input type="checkbox"/>	City	State	Zip Code	Home Phone
Name	Social Security #	Driver's License #	DOB	Spouse's Name	
Home Street Address	Rent <input type="checkbox"/> Own <input type="checkbox"/>	City	State	Zip Code	Home Phone

**If Business Less Than One Year, Please Complete the Following:**

Name of Previous Business, if any	Name of Previous Employer
Address, City, State, Zip Code	Address, City, State, Zip Code

**Trade References:**

Name	Address	City	State	Zip Code	Phone
Name	Address	City	State	Zip Code	Phone
Name	Address	City	State	Zip Code	Phone

**Bank References:**

Bank Name	Type of Account	Account Number	Branch	Bank Officer's Name

**Authorization to Release Credit/Account Information**

I certify the above information provided is true and accurate. I understand that the information provided above will be used to obtain a credit report, and my creditworthiness may be considered when making a decision to grant tenancy.

<b>X</b>	<b>X</b>	<b>X</b>
<b>Authorized Signatory</b>	<b>Print Name</b>	<b>Date of Application</b>