

Account Numbers:	Type of account:	Balance	Year Opened
_____	_____	_____	_____
_____	_____	_____	_____

TRADE REFERENCES

Name	Address	Contact	Phone
Name	Address	Contact	Phone
Name	Address	Contact	Phone

LANDLORD REFERENCES

Name of Landlord	Address of Space Rented	Contact	Phone
Dates of Lease Commencement and Expiration	Monthly Rent	SF Occupied	Any Defaults?
Name of Landlord	Address of Space Rented	Contact	Phone
Dates of Lease Commencement and Expiration	Monthly Rent	SF Occupied	Any Defaults?

PRINCIPAL INFORMATION

Name of Principal	Date of Birth	SSN	Home Phone
Home address	Town/State	Own/Rent	Cell phone
Name of Principal	Date of Birth	SSN	Home Phone
Home address	Town/State	Own/Rent	Cell phone

THIS SECTION MUST BE COMPLETED IF: (1) A SOLE PROPRIETORSHIP; (2) A PARTNERSHIP; (3) A PROFESSIONAL; (4) UNINCORPORATED; (5) INCORPORATED FOR LESS THAN 1 YEAR; OR IF THE APPLICANT HAS ANNUAL REVENUE OF LESS THAN \$2,000,000.00

I agree to be liable for any unpaid amounts on this Account. In compliance with the Fair Credit Reporting Act, I understand that a credit investigation will be performed concerning the statements in this application. I authorize Atlantic Real Estate Grp, L.L.C. or any person acting on their behalf, to investigate my business and/or personal credit and financial records, including my banking records. I understand that Atlantic Real Estate Grp, L.L.C. may request my company and/or personal credit bureau report in considering this application, and for the purpose of an update renewal, extension of credit, review or collection of this account. I certify that all of the statements contained herein are true and accurate.

First Name	Middle	Last Name	Social Security Number
Present Home Address (number and street)			Home Phone Number
City	State	Zip Code	

SIGNATURE

Signature of Authorized Officer	Date
Please print name and title	