



Credit Authorization

DATE: _____

STREET NAME: _____ **S.S. #** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: WORK: _____ **HOME:** _____

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

OWNERS AND/OR PRINCIPALS: _____

DO YOU PRESENTLY LEASE OR HAVE LEASED OFFICE SPACE BEFORE? _____ **YES** _____ **NO**

If yes, name and phone number of most recent landlord

PERSON WHO WILL SIGN THE LEASE: _____

ANTICIPATED DATE YOU WOULD LIKE TO MOVE IN: _____

LENGTH OF LEASE DEIRED: _____ **6 MONTHS** _____ **12 MONTHS** _____ **24 MONTHS** _____ **MONTHS**

NAME ON BUILDING DIRECTORY SIGN: _____

NAMES OF INTENDED OCCUPANTS: _____

BANK/BUSINESS REFERENCE: _____

PERSONAL REFERENCE: _____

SUPPLIER/VENDOR REFERENCE: _____

I hereby give permission to High Associates Ltd., and/or The Greenfield Executive Offices, its owners and agents, to obtain credit references information on me or my company, for the purpose of leasing office space. Any such information obtained shall remain confidential.

SIGNATURE: _____ **DATE:** _____

Submission of a signed application to lease does not imply or guarantee that an office has been reserved for you or that a lease will be executed. Only upon receipt of a fully executed lease, signed by both Landlord and Tenant, along with security deposit and first month's rent, is an office considered rented. Please contact the Executive Office Coordinator at 717-209-4002 in regard to any questions you may have about our policy on this matter.