



*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.