



## TENANT QUESTIONNAIRE

1. Explain the nature of your business, including pertinent daily operations. \_\_\_\_\_  
\_\_\_\_\_
2. How many employees does your company employ? \_\_\_\_\_
3. Where is your corporate office located (please include address)? \_\_\_\_\_  
\_\_\_\_\_
4. How many employees will be at this location? \_\_\_\_\_
5. How many parking spaces do you anticipate using? \_\_\_\_\_
6. Parking of vehicles other than passenger automobiles or pickups is prohibited per the lease agreement. Do you agree to abide by this condition? \_\_\_\_\_
7. How many phone lines do you anticipate using (include fax, data, and modem lines)?  
Telephone lines - \_\_\_\_\_ Fax lines - \_\_\_\_\_  
Data lines - \_\_\_\_\_ Modem lines - \_\_\_\_\_
8. Will your operations cause any sound, odor, vibration, etc., which might be a nuisance or cause the disruption of neighboring businesses? If so, explain. \_\_\_\_\_  
\_\_\_\_\_
9. Will your operations include activities that might be considered illegal, immoral, or objectionable? If so, explain. \_\_\_\_\_  
\_\_\_\_\_
10. Will your business generate any waste in excess of normal office trash? If so, explain. \_\_\_\_\_  
\_\_\_\_\_
11. Does your business produce any hazardous or toxic wastes? If so, explain. \_\_\_\_\_  
\_\_\_\_\_
12. Does your business require special use permits? If so, explain. \_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

TITLE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

TITLE: \_\_\_\_\_

For Office Use Only

Address		Tenant#	Agent	Contact
Commencement Date	Term	Rent	WAS	Escalation
Occupancy Date	Addendum			
Purpose			Other	

# CREDIT AUTHORIZATION

## COMPANY INFORMATION

Legal Name of Company:			DBA:		
Address:		Suite:	City:	State:	Zip:
Telephone:	Fax:		E-mail:	Emergency Phone:	
Date Established:	Company is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC			If Incorporated, where?	
Description of Operations:			Tax ID#:	Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mail Statements to: <input type="checkbox"/> Leased Space <input type="checkbox"/> Above Address <input type="checkbox"/> Other Address:					
Current Landlord:			Contact:	Telephone:	

## PERSONAL INFORMATION

Guarantor:		Title:	Social Security #:		
Home Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent		City:	State:	Zip:	How long?
Previous Address (if less than 2 years):		City:	State:	Zip:	How long?
Telephone:	Fax:		Mobile:	Emergency Phone:	
Mortgage Co./Landlord:	Account #:	Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:	

## FINANCIAL INFORMATION

Cash on Hand and in Banks		Accounts Payable		
Notes & Accounts Receivable		Notes Payable		
Stocks and Bonds		Installment Accounts		
Real Estate		Mortgages		
Other Assets		Other Liabilities		
<b>Total</b>		<b>Total</b>	<b>Net Worth</b>	

## BANK REFERENCES

Name:					
Address:		Suite:	City:	State:	Zip:
Account #:		Contact Name:		Title:	
Telephone:			Fax:		

## TRADE/CREDIT REFERENCES

Name:		Account #:	Telephone:
Complete Mailing Address:			Fax:
Name:		Account #:	Telephone:
Complete Mailing Address:			Fax:
Name:		Account #:	Telephone:
Complete Mailing Address:			Fax:

Comments: \_\_\_\_\_

DECLARATION: The undersigned hereby authorizes The Ribeiro Companies to order such credit reports as they may require on their behalf. In addition, I/we authorize the release of banking and credit information to The Ribeiro Company by the references listed above. The undersigned hereby acknowledges that the above information is true and correct to the best of his knowledge.

GUARANTOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH YOUR MOST CURRENT FINANCIAL STATEMENT, PICTURE I.D., AND COPY OF YOUR CURRENT BUSINESS LICENSE.**