

CITY FARMERS MARKET, INC.

P. O. Box 930176, Norcross, GA 30003-0176

Phone: 678-898-4962 Fax: 770-609-2931 Email: BVO@CITYFARMERSMARKETGA.COM

Tenant Application Form

Applicant Name: _____	Date: _____
Current Home Address: _____	Own or Lease? _____
Social Security Number: _____ - _____ - _____	Date of Birth: _____
Driver License Number: _____	Issued State: _____
Phone Number(s): Home: _____ Cell: _____ Work: _____	
Fax: _____	Email: _____

Current Employer/Trade Name: _____	Federal Tax ID: _____
Corporation Name: _____	Type of Business: _____
Address: _____	
Position: _____	Year(s) in Company/Business: _____
Company Type: () Partnership () Proprietorship () Corporation () LLC/LLP () Other _____	
Name of Bank: _____	Phone: _____
Type of Account: _____	Account Number: _____
Business Credit References:	
Vendor Name: _____	Phone Number: _____
Address: _____	
Vendor Name: _____	Phone Number: _____
Address: _____	

Current/Previous Landlord References:

Landlord Name: _____ Phone Number: _____

Address: _____

Landlord Name: _____ Phone Number: _____

Address: _____

Have You Ever Filed Bankruptcy? Yes No If Yes, When: _____

Are You a Party to a Lawsuit? Yes No If Yes, Case Number: _____

Are There any Judgments Against You? Yes No If Yes, Case Number: _____

Desired Space: _____

Business Name: _____

Nature of Business: _____

Lease Term: _____ Base Rent: _____

Option: _____

Required Advanced Rent: _____ When do you plan to open: _____

By signing the application, you agree that information provided by you are hereby true, complete and accurate, the Landlord is based on these information to grant or deny your application to enter into a lease.

You further authorize Landlord to obtain credit report and references by execute the attached "AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION."

Applicant Signature: _____ Date: _____

Applicant Print Name: _____