Realtor/Management Co. Champions Management 3302 Shorecrest Drive Dallas, TX 75235

Ph: 214-352-5348

Property / Lease Information	1:		
Property:		Mo. Rent:	
Sec. Dep.	Lease Begin:	Lease End:	IIIoga

Fax: 214-351-4916			
	COMMERCIAL LE	CASE APPLICATION	
INDIVIDUAL:			
Applicant's Full Name:		Social Security #:	
Birthdate:	Drivers License No:	State:	
Current Address:			
Residence Phone:	Other:	FAX:	
Email:			
If less than 2 years at curren	t address, List previous addre	PSS	
Please list 2 personal referer	nces and their telephone number	bers and describe the relationships:	
RUSINESS Name			_
Tax I.D.No:			
Type of Business: (Corp. Ge	en'l Partnership etc)		
Current Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Account to the second s
Telephone Number:		Fax:	
Email and/or website:			
Current Landlord:		Length of Tenancy:	
Phone:	Land	llord Contact/Manager:	
		ddress and name of Landlord:	
Landlord Phone #:		Fax:	-
Email:			
Banking Reference:			
Type Account:	AccountNo.:		
Type Account:	Account No:		
Phone No:	A STATE OF THE STA		
Bank Officer:			
Bank Address:			
	ferences, their telephone nun		
numbers at those references:			
I am enclosing my most receithis application are true and	nt financial statement which s complete. Champions Manag edit record through any invest	hall become a part of this application. The fagement is hereby authorized to make any investigation of banks, credit agencies or bureaus o	acts set forth i

Signed:	Date: