

Commercial Lease Application Form

| Date | | | | | |
|---|-----------------------------|---------------|--|--|--|
| Applicant Information: | | | | | |
| Name | | | | | |
| | | | | | |
| | | Zip Code | | | |
| Home Phone () Email | | Cell Phone () | | | |
| | or License No | | | | |
| Name | | | | | |
| Home Address | | | | | |
| - | | Zip Code | | | |
| Home Phone () | | Cell Phone () | | | |
| Email | | | | | |
| Social Security No | al Security Noor License No | | | | |
| Business to Occupy Leased Spa | ace: | | | | |
| Company Name | | | | | |
| Please Chose One: [] S Corporation [] C Corporation [] Partnership [] Limited Liability Company [] Sole Proprietorship | | | | | |
| Names of Principals: | y Company | | | | |
| Name | | Title | | | |
| | | | | | |
| | eTitle e Title | | | | |
| Employee Identification Number | | | | | |
| Number of Years in Business Annual Sales | | | | | |
| | | | | | |
| Describe Business Operations_ | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ABINGTON

I/We attest that the above information is true and accurate to the best of my/our knowledge. I/We, the undersigned, hereby permit CRF Land Holdings LLC and/or its duly appointed agent(s) acting in its behalf, to conduct a general investigation and verification of my/our personal and professional background; such inquiries to potentially include but limited to past and present business activities, banking relationships, present consumer credit standing, certification of tax return filings, litigation and regulatory history, financial standing and other such information that in the sole judgment of CRF Land Holdings LLC may have any bearing whatsoever on the transaction, decision or relationship presently being considered.

Further, I/We understand that these inquiries and verifications are consistent with, and carried out in satisfaction of CRF Land Holdings LLC's policy requiring investigative due diligence enhancements of this nature particularly with respect to first time tenants with which CRF Land Holdings LLC has had no prior experience. As such, I/We also understand that references and other sources familiar with my personal and professional background may be contacted and briefly interviewed. Receipt of a copy of this authorization will permit those individuals to fully respond to such inquiries.

Further, I/We understand that all such inquiries will be made is strict accordance with applicable fair credit reporting statutes and related privacy laws, and that any resulting disclosures, either verbal or otherwise, will be treated by CRF Land Holdings LLC as privileged and totally confidential, not to be shared in whole or in part with any individual or entity not having a direct involvement or interest in the transaction, decision, or relationship presently being considered.

Finally, this authorization will serve as my/our unconditional release of CRF Land Holdings LLC and its duly appointed agent(s) from any claim or liability whatsoever in connection with all lawfully acquired results and above permitted aspects of this exercise.

By: __

Date _____

Authorized Representative



| Bank Information: | | |
|--|--------------------|---------------------------------------|
| Bank Name | | |
| Address | | |
| | | Zip Code |
| Loan Officer | | Phone |
| Email | | Fax |
| Checking Account Number | r | |
| Savings Account Number_ | | |
| I hereby authorize the abo purpose of obtaining and / | | release information requested for the |
| Authorized signature for bank in | formation release: | |
| | Print Name: | |
| Business/Trade Reference | es: | |
| Company Name Address | | |
| | | Zip Code |
| Contact | | Phone |
| Email | | Fax |
| Type of Business | | |
| | | |
| Address | | |
| | | Zip Code |
| | | Phone |
| | | Fax |
| Type of Business | | |
| Company Name Address | | |
| | | Zip Code |
| Contact | | · |
| Email | | |
| Type of Business | | |

| Prior Address | | |
|----------------------------|---------|------|
| City | | |
| Lessors Name | | |
| Phone | Fax | |
| Email | | |
| Number of years at this lo | ocation | |
| Reason for leaving | | |
| | | |
| | | |
| | | |

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Authorized Representative

By: __