

Quil Ceda Village Tenant Application

Name of Company: _____

Present Address: _____

Business Phone: _____

Home Phone &

Address: _____

_____ Corporation _____ Partnership _____ Sole Proprietorship

State of _____ _____ General _____ Limited

Db _____

Federal Tax Identification (If Incorporated) _____

Social Security Number (If Sole Proprietorship) _____

DUNS Number (If Available): _____

Prior Location of Business (Address) _____

Nature of Business:

Who are the principal(s)/individual(s) signing the lease?

(1) _____ 2) _____

First MI Last First MI Last

Title: _____ Title: _____

SSN#: _____ SSN#: _____

(If sole proprietor, spouse must also sign the lease.)

If you have recently or are currently leasing commercial space, Quil Ceda Village will contact your former landlord. Please, provide the following:

Address of Leased Premises

Contact Name and Title

Telephone Number

Business or Trade References:

Firm Name – Contact Individual Address Phone Number

1. _____

2. _____

3. _____

Bank References:

Bank Name – Officer Contact Address Phone Number

1. _____

2. _____

3. _____

Business Principals – Owners:

Name	Home Address	Title Position
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Business Financial Information:

- (_____) Tenant Applicant’s financial statements or tax returns are attached.
- (_____) Business Plan is complete and reasonable.
- (_____) Personal and Business Credit Reports are attached.
- (_____) Evidence of financing or cash available for tenant improvements.

Authorization:

By signing this Application, I authorize the Tulalip Tribes or its agents to investigate credit and financial reports, including banking records. I authorize the Tulalip Tribes to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of this and other accounts with the Tulalip Tribes. I further authorize the Tulalip Tribes to share the information with its agents (if applicable). If I request, the Tribes will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report.

1) _____ Signature _____ Signature _____ Date	2) _____ Signature _____ Print _____ Date
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