

REGENCY GROUP INC.

Lease Application

Date: _____

INDIVIDUAL INFORMATION

Emergency Phone # _____

Name: _____ Social Security #: _____

Spouse: _____ Spouse's Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Is this residence rented or owned? Rent/Own

(If above address less than 3 yrs.)

Previous Address _____ City: _____ State _____ Zip: _____

Home Phone: _____ Business Phone: _____

Birthdate: _____ Drivers License #: _____

Employer: _____ Position: _____ Hire Date: _____

Present Business Address: _____ If Self, How Long: _____

Have you (or has your spouse) ever filed for Bankruptcy? No/Yes

CORPORATE INFORMATION

Corporation Name: _____ DBA: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Incorporated in What State: _____

How Long a Corporation: _____

Officer: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Officer: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Signer of Lease: _____ Title: _____

EXISTING LOCATIONS

Address/Anchor: _____

Date Opened: _____

Landlord: _____ Phone: _____

Comments by Landlord/Property Manager: _____

PREVIOUS OR ADDITIONAL LOCATIONS

Address/Anchor: _____

Date Opened: _____

Landlord: _____ Phone: _____

Comments by Landlord/Property Manager: _____

Address/Anchor: _____

Date Opened: _____

Landlord: _____ Address: _____ Phone: _____

Comments by Landlord/Property Manager: _____

Personal Bank

Checking: _____ Branch/City: _____ Account #: _____

Savings: _____ Branch/City: _____ Account #: _____

Business Bank

Name on Account: _____ Branch/City: _____ Account #: _____

CREDIT REFERENCES - Name, Address, Phone Number

1. _____

2. _____

3. _____

4. _____

TRADE REFERENCES - Name, Address, Phone Number

1. _____ Open
 Closed

2. _____ Open
 Closed

3. _____ Open
 Closed

4. _____ Open
 Closed

Credit Check by: _____ Date: _____

Comments: _____

PLEASE ATTACH A FINANCIAL STATEMENT FOR EACH LESSEE/GUARANTOR

In compliance with the Fair Credit Reporting Act, this is to inform you that a credit investigation using the information on this Authorization form will be performed, including but not limited to general reputation, rental history, credit history, and employment status. I hereby authorize Lessor, Owner or Regency Group Inc. to investigate any information on this Authorization Form and to conduct any other investigations into my credit, employment, general character and/or criminal history, as Lessor deems necessary and appropriate.

Signature: _____ Date: _____