



D&G Equity Management, Inc.
 14080 Mill St./P.O. Box 418, Guerneville, CA 95446
 Phone: 707-869-0623/707-869-0808 Fax: 707-869-1739
www.dandgequity.com

COMMERCIAL RENTAL APPLICATION

Account # _____ **Property applying for:** _____

Received from applicant(s) the sum of: \$_____ **{\$55.00 per applicant}** to pay for cost the Owner/Agent will incur for a complete commercial credit report on applicant(s) from TSC Inc.

This advance cost is non-refundable and is not a deposit. Please fill out application completely.

If non-applicable, put "N/A" as answer.

Name of Business: _____

DBA (if different): _____ Years of Operation: _____

Years worked in this type of business? From MM / YEAR to MM / YEAR

Years Self-Employed in this type of business? From MM / YEAR to MM / YEAR

Reason for opening a new business? _____

Type of business: Retail Service Office Is this an LLC? Corporation?

Description of the above: _____

Tax ID# (if applicable) _____ Website: _____

Sole Proprietorship: Full Name of Applicant: _____

Primary Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Email Address: _____

Home Address: _____

Social Security: _____ Driver's License: _____ Date of Birth: _____

Nature of Business: _____

Partnership:

Name of Partnership: _____ Type: GP LP LLP LLLP

Primary Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Email Address: _____

Principle Partner:

Second Partner:

Social Security:

Social Security:

Driver's License:

Driver's License:

Date of Birth:

Date of Birth:

Nature of Business: _____



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Present Business Rental Reference:

Present Address: _____

Dates Occupied: From From MM / YEAR to MM / YEAR Rent Amount: _____

Type of Lease?: _____

Landlord/Manager/Agent: _____ Phone: (____) _____

Reason for Leaving: _____

If you have additional business locations, please list those addresses below and indicate landlord/manager/ agent's name and phone number:

Previous Business Rental Reference:

Previous Address: _____

Dates Occupied: From From MM / YEAR to MM / YEAR Rent Amount: _____

Type of Lease?: _____

Landlord/Manager/Agent: _____ Phone: (____) _____

Reason for Leaving: _____

If previous address is less than one year, and/or you have additional previous business locations, please list those addresses below and indicate landlord/manager/agent's name and phone number:

Bank References:

Bank Name: _____ Bank Account #: _____

Bank Name: _____ Bank Account #: _____

Credit Reference: _____ Address: _____

Phone: (____) _____ Contact: _____

Credit Reference: _____ Address: _____

Phone: (____) _____ Contact: _____

We declare that all information given in this application is true and correct. We authorize TSC Inc. and D & G Equity Management, Inc. to verify and obtain a complete consumer history report and supply information obtained to their clients. This information is not privileged.

Applicant's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

WE ARE UNABLE TO ACCEPT CREDIT CARDS BY EMAIL:

Credit Card # _____ Expires _____ V-Code _____