

CREDIT APPLICATION

(For joint tenants or partnerships, a form must be submitted for each member)

INSTRUCTIONS: Fill out application & fax to Balco Properties: FAX: 510-763-2922 PHONE: 510-763-2911

Please print all information. *Application must be signed.

COMPANY _____ TAX ID # _____

APPLICANT _____ TITLE _____

COMPANY'S PRESENT ADDRESS _____
STREET ADDRESS, CITY, STATE, ZIP

COMPANY'S PHONE (_____) _____ HOW LONG THIS LOCATION ? _____

PREVIOUS ADDRESS _____
STREET ADDRESS, CITY, STATE, ZIP

PARENT COMPANY _____ TAX ID # _____
ADDRESS _____
STREET ADDRESS, CITY, STATE, ZIP

PARENT COMPANY PHONE (_____) _____

BANK NAME _____ (_____) _____
PHONE CONTACT NAME

ACCOUNT NUMBER _____

IF PROVIDING A SOCIAL SECURITY NUMBER IN LIEU OF A TAX ID, WE REQUIRE HOME ADDRESS INFORMATION

SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____
STREET ADDRESS, CITY, STATE, ZIP

HOME PHONE (_____) _____

TRADE REFERENCES

1. COMPANY NAME _____

CONTACT NAME _____ FAX (_____) _____

2. COMPANY NAME _____

CONTACT NAME _____ FAX (_____) _____

3. COMPANY NAME _____

CONTACT NAME _____ FAX (_____) _____

* SIGNATURE REQUIRED _____ DATE _____

PRINT NAME _____

OFFICE USE: Please run credit report Fax: - 510 763-2922

From: Balco Properties