

VILLAGE AT THE BOULDERS

1215 Gail Gardner Way, Suite A
Prescott, Arizona 86305
928.777.8100 (off)
928.636.0087 (fax)

www.VillageAtTheBoulders.com



Arizona Commercial
1650 Willow Creek Road, Ste A
Prescott, Arizona 86301
www.ArizonaCommercial.net

Village at the Boulders

Request for Tenant Information

Prospective tenants are asked to complete the application form contained herein and to be prepared to supply the Broker with the following information prior to lease approval.

- Personal financial statement in lieu of application
- Two (2) previous years of corporate or personal tax returns, whichever is relevant
- Franchise agreement, if applicable or, description of pending franchise
- Franchisor's contact information, phone number, website and email address.

Please direct all questions and financial documents regarding an anticipated or actual lease at the Village at the Boulders to the following:

Donald Teel, President & CEO

Arizona Commercial

1650 Willow Creek Road, Ste A

Prescott, Arizona 86301

928.777.8100 (direct)

877.777.9100 (toll free)

928.636.0087 (confidential fax)

EMAIL: dteel@commercialwebpage.com

If you are a national tenant, represented by in-house broker, please contact us prior to submission of any information.

If you are a start-up business, please contact us prior to submission of any information.

Lease Request

Estimated Lease Cost: _____	Type of Lease: _____	Lease Term: _____ Years
Description of Business: _____ _____		

Business Information

Legal Name of Business	DBA Name (if different from Legal Name)		
Street Address (a physical address, not a P.O. Box)	City/County	State	Zip
Mailing Address (if different from Street Address)	City/County	State	Zip

Annual Sales : _____ Federal Tax ID #: _____ Business Phone #: (____) _____ # of Employees: _____
 Date Established: _____ Current owner Since: _____ Building is: Owned Leased (Term of Lease: _____ Years _____ Mos.)
 Type of Organization: Proprietorship C-Corp. S-Corp. General Partnership Limited Partnership Non-Profit L.L.C. L.L.P.
 Average monthly revenues: \$ _____

Please answer the following questions related to your business structure.

1. Is your business a franchise? [] Yes [] No If yes, has your franchise been approved? [] Yes [] No
2. Do you have other locations for this business? [] Yes [] No Where: _____
3. What is the anticipated date of occupancy for this location? (mo/day/year) ____/____/____

Business Financial Information

Who is your primary bank? <input type="checkbox"/> Name: _____ <input type="checkbox"/> Other: _____	Approximate balance in your checking account at your primary bank: _____
If your primary bank is not BB&T then complete the following information:	
Contact Name: _____ Ph #: (____) _____	Approximate balance in your other checking account(s): _____
Account Number: _____	Approximate total balance in your savings account(s): _____

Who is your accounting firm?	Insurance agent and phone number?
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Please list all business debt and corresponding payment information:

Creditor	Account Balance	Payment Amount & Frequency	Interest Rate	Maturity and Collateral
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Principal/Owner/Guarantor Information

1	Name	Social Security Number		
	Home Address	City/County	State	Zip
	% of Ownership is Business	Gross Income*		
	Own / Rent Home?	Personal Net Worth Excluding Business Value		

2	Name	Social Security Number		
	Home Address	City/County	State	Zip
	% of Ownership is Business	Gross Income*		
	Own / Rent Home?	Personal Net Worth Excluding Business Value		

3	Name	Social Security Number		
	Home Address	City/County	State	Zip
	% of Ownership is Business	Gross Income*		
	Own / Rent Home?	Personal Net Worth Excluding Business Value		

4	Name	Social Security Number		
	Home Address	City/County	State	Zip
	% of Ownership is Business	Gross Income*		
	Own / Rent Home?	Personal Net Worth Excluding Business Value		

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Certification and Authorization

The signer(s) certifies that he/she is authorized to execute the application for the business named above, and that the information in this application and any other documents submitted in connection with the application are true, correct and complete. The signer(s) authorizes Owner to verify the information and to obtain personal, consumer, and/or business credit reports. The signer(s) further agrees to provide additional information upon request and to notify Owner promptly of any material change in the information provided in this application.

Signed By: _____	Title: _____	Date: _____
Signed By: _____	Title: _____	Date: _____
Signed By: _____	Title: _____	Date: _____