

Income Property Edge

management sales acquisitions

55 River Road/ POB 1019 Manchester, New Hampshire

03105

tel. 888.641.3882

fax 603.626.7801

Thank you for your interest in one of our rental units.

Please complete the enclosed application and return it.

We require the following:

1. Copy of Photo I.D. (Applying Member).
2. Any Business References you may wish to provide.

Additional Considerations are:

1. One-year Lease required.
2. Security Deposit and First months rent is due prior to move-in date.

Reminder: We are now accepting MasterCard and Visa for any payment.

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COMMERICAL CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Applying Member/ Title:		Date of Birth:	S.S.:
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:		T.I.N.:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?		Landlord Contact Info:	
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. By submitting this application, you authorize Income Property Edge to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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