

**COMMERCIAL STORE APPLICATION**

LOCATION: \_\_\_\_\_ TRADE NAME OF STORE: \_\_\_\_\_

NATURE AND USE OF STORE: \_\_\_\_\_

TENANT: \_\_\_\_\_

NAME OF PRINCIPAL \*: \_\_\_\_\_

\* Please provide a clear copy of the principal's driver's license

HOME ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ CORPORATE ENTITY: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_

**NAME AND ADDRESS OF OTHER BUSINESS CURRENTLY OPERATING IN MANHATTAN:**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Date of Lease Expiration: \_\_\_\_\_ Name of Current Landlord: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Date of Lease Expiration: \_\_\_\_\_ Name of Current Landlord: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**BANK INFORMATION:**

1. Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact person name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact person name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Attorney:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Accountant:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I HEREBY AUTHORIZE PINK STONE TO TAKE ALL NECESSARY STEPS TO VERIFY THE ABOVE REFERENCED INFORMATION, INCLUDING ORDERING OF CREDIT REPORTS AND ANY OTHER REPORTS NECESSARY TO EVALUATE THE APPLICANT'S FINANCIAL STATUS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE BY:

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE BY: