

APPLICATION COMMERCIAL OFFICE SPACE

INFORMATION &  
CREDIT APPLICATION

**IMPORTANT:** Read these Directions before completing this Application.

SECTION A--INFORMATION REGARDING APPLICANT

Corporate Name: The Law Firm of Puckett & Faraj PC

Corporate Tax ID: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Office: was Alexandria, VA

Checking Account No.: \_\_\_\_\_ Institution/Branch: \_\_\_\_\_

Savings Account No.: \_\_\_\_\_ Institution/Branch: \_\_\_\_\_

Full Name (Last, First, Middle): Faraj, Haytham

Birthdate: Aug 1, 1968

Present Street Address: 5676 Lambourn<sup>rd</sup> Years there: 1 yr 3 mo.  
Darborn Heights ME 48127

City: Darborn Heights State: ME Zip: 48127

Telephone: 7605217934

Social Security No.: \_\_\_\_\_

Driver's License No.: EG20294025603

Previous Street Address: 1838 Ave. Segovia Years there: 3 yrs

City: Oceanside State: CA Zip: 91056

Position or title: Partner ✓

SECTION B--INFORMATION REGARDING JOINT APPLICANT, USER, OR OTHER PARTY (Use separate sheets if necessary.)

Full Name (Last, First, Middle): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Relationship to Applicant / Office(if any): \_\_\_\_\_

Present Street Address: \_\_\_\_\_ Years there: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

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

Position or title: \_\_\_\_\_

Checking Account No.: \_\_\_\_\_ Institution/Branch: \_\_\_\_\_

Savings Account No.: \_\_\_\_\_ Institution/Branch: \_\_\_\_\_

Full Name (Last, First, Middle): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Relationship to Applicant / Office(if any): \_\_\_\_\_

Present Street Address: \_\_\_\_\_ Years there: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

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

Position or title: \_\_\_\_\_

Checking Account No.: \_\_\_\_\_ Institution/Branch: \_\_\_\_\_

Savings Account No.: \_\_\_\_\_ Institution/Branch: \_\_\_\_\_

SECTION D--ASSET AND DEBT INFORMATION (If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant, User, or Other Person. Please mark Applicant-related information with an "A." If Section B was not completed, only give information about the Applicant in this Section.)

Creditor	Type of Debt or Acct. No.	Names in Which Acct. Carried	Original Debt
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

(Credit References) \_\_\_\_\_ Date Paid \_\_\_\_\_

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

Are you OR your company a co-maker, endorser, or guarantor on any loan or contract?

Yes [ ] No [ ] If "yes" for whom? \_\_\_\_\_

To whom? \_\_\_\_\_

Are there any unsatisfied judgments against you or your company?

Yes [ ] No [ ]

Amount \$ \_\_\_\_\_ If "yes" to whom owed? \_\_\_\_\_

Have you or your company been declared bankrupt in the last 14 years?

Yes [ ] No [ ]

If "yes" where? \_\_\_\_\_ Year \_\_\_\_\_

Other Obligations: \_\_\_\_\_

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and to answer questions about your credit experience with me.

\_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date

\_\_\_\_\_ Other Signature (Where Applicable)

\_\_\_\_\_ Date \_\_\_\_\_ Corporate Officer Signature

OFFICE INFORMATION

IF LEASE IS APPROVED, WE REQUIRE THE FOLLOWING INFORMATION

Security Alarm System Codes (4 digit code)

- Name Code
1. Haytham Faraj ~~1888~~ 5178
  - 2.
  - 3.

Copy Machine Codes (4 digit code): 1888 Copy track (4)

Postage Machine Code (4 digit code): 1888

Network Username/ Password (at least 4 letter and 4 numbers): Marine 0302

Full Name

- 1.
- 2.
- 3.
- 4.

Telephone Numbers (Moving or transferring telephone number to this location?  
Do you want us to assign a telephone number?):

- 1.
- 2.
- 3.
- 4.
- 5.

Fax Numbers (Moving or transferring fax number to this location? Do you want  
us to assign a fax number?):

- 1.
- 2.
- 3.

Voice Mail Number of Boxes \_\_\_\_/ Pager Numbers

- 1.
- 2.
- 3.
- 4.
- 5.

Instructions

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Other: