

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 & Fava, 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): Fava, Haytham

Birthdate: Aug 1, 1968

Present Street Address: 5676 Lambounerd Years there: 1 yr 3 mo.

City: Dearborn Heights State: MI Zip: 48127

Telephone: 7605217934

Social Security No.: _____

Driver's License No.: EG202946025603

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)

1. Name Haytham Faraj Code ~~1558~~ 5178
2.
3.

Copy Machine Codes (4 digit code): 1388 Copy track (4)

Postage Machine Code (4 digit code): 1388

Network Username/ Password (at least 4 letter and 4 numbers): Marine0302

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

Other: