## iCatch Displays

## **Commercial Lease Application**

	eport Neon Signs ton Dr, Shreveport, LA 71107-6454					ACCOUNT EXECUTIVE				
Gatch Displays (318) 425-762	26									
http://www.Sh	re veportNeon.co	om				DATE:				
LESSEE FULL COMPANY NAME				DATE ESTABLISHED (CURRENT OWNERSHIP)			WEB PAGE ADDRESS			
ADDRESS			C	ITY			STATE	ZIP CODE		
TRADE STYLE OR NAME		EMAIL ADDRES	SS		TELEP	HONE		FAX		
BUSINESS STRUCTURE Check Box or specify	NATURE	OF BUSINESS					:	STATE OF INCORPO	RATION	
Popistority Partnerity Coposism LLC OTH  Specify other:		L TAX NO.								
GUARANTORS / OWNERS	(1)			(2)			-	(3)		
NAME										
STREET										
CITY, STATE, ZIP										
HOME NUMBER										
SOCIAL SECURITY NUMBER										
TITLE		1								
% OF OWNERSHIP		%				%			%	
SIGNATURE (I agree to the authorization to obtain consumer credit report below)										
CREDIT REFERENCES										
BANK	CITY/STATE	PHONE NU	MBER	CONT	ACT	ACC	DUNT#	TYF	PΕ	
LEASE/FINANCE REFERENCES C	ITY/STATE	PHONE NUM	DED	CONT	ACT			ACCOU	NIT	
LEASE/FINANCE REFERENCES C	III/SIAIE	PHONE NOW	DEK	CONT	ACI			ACCOU	IN I	
BUSINESS LANDLORD C	ITY/STATE	PHONE NUM	BER	CONT	ACT					
VENDOR NAME	ADDR	ESS		CITY		STAT	E	ZIP		
CONTACT NAME & PHONE NUMBER	<u> </u>			<u> </u>		RESALE#		ı		
EQUIPMENT DESCRIPTION					NEW	USED		TERM REQUEST	ŒD	
EQUIPMENT LOCATION (IF DIFFERENT FROM ADDRESS ABOVE)						TOTAL INVOICE WITHOUT TAX				
Authorization to Obtain Consu	umar Cradit	Danaut								

by signing and application, each individual(s), who is either a principal of the credit applicant listed below or a personal guaranter of its obligations, provides written instruction to Shreveport Neon Signs, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.

Signature: X		DATE
		-
Name (please print):	TITLE	