

GINANA, INC. Rental Application
(Please fax to 214-245-4359)

1. BUSINESS INFORMATION:

LEGAL NAME:					
ADDRESS:					
CITY, STATE, ZIP:					
TYPE OF BUSINESS:		YEARS IN BUSINESS:		FED. ID NUMBER:	
TELEPHONE:	()	FAX:	()	CELL:	()

2. PRINCIPAL/APPLICANT:

FULL NAME:					
HOME ADDRESS:					
CITY, STATE, ZIP:					
TITLE:		SSN:		DRIVER'S LICENSE:	
% OWNED:		DOB:		STATE:	

3. REFERENCES:

BANK	ACCOUNT #	TELEPHONE	CONTACT
PRESENT LANDLORD:			
ADDRESS:			
TELEPHONE:		CONTACT:	

I, the undersigned, recognizing that my individual credit history may be a factor in evaluation of the credit and rental application; consent and authorize, Ginana, Inc., and any assignee, to obtain and use a consumer credit report and verify references, now and from time-to-time, for credit and rental application evaluation, and if necessary, any collection action to be taken. I waive any rights I would have under the Fair Credit Report Act in the absence of this consent.

SIGNATURE:	
PRINT NAME:	
DATE:	