

Bowman Properties, Ltd.

8238 Germantown Avenue, Chestnut Hill, Philadelphia, PA 19118 (215) 247-2770 Fax (215) 247-8252

APPLICATION PROCESS

Submit to Bowman Properties Ltd.: Completed application
 Completed Business Plan
 \$50 Application Fee
 Copy of driver's license or state I.D.

Please note: *Application Fee is NOT refundable.*

Space will be taken off the market AFTER application is approved and deposit is received.

Move-in costs:

2 Months Security Deposit

First month's rent & additional
(Pro-rated for mid-month start dates)

\$75.00 Key Deposit

BOWMAN PROPERTIES, LTD.

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COMMERCIAL RENTAL APPLICATION

Address interested in: _____

Business Name: _____ **SSN/EIN:** _____
Type of Ownership: Corporation _____ Sole Proprietorship _____ Franchise _____
Partnership _____ Limited Partnership _____

Principles:

1. Name: _____ Title: _____
Address: _____ Phone: _____
City State Zip: _____
SSN: _____ Date of birth: _____
- 1a. Spouse's Name: _____
SSN: _____ Date of birth: _____
2. Name: _____ Title: _____
Address: _____ Phone: _____
City State Zip: _____
SSN: _____ Date of birth: _____
- 2a. Spouse's Name: _____
SSN: _____ Date of birth: _____

References: Please include creditor's name, address and account number

1. Name: _____ Account: _____
Address: _____ Phone: _____
2. Name: _____ Account: _____
Address: _____ Phone: _____
3. Name: _____ Account: _____
Address: _____ Phone: _____

Financial References:

Bank Name: _____ Account Type/Number _____
Bank Name: _____ Account Type/Number _____

Please attach business plan to application form. If you do not have a business plan, please complete the questions on page 2 or use as a guide for creating a more detailed plan.

I certify that the above information is correct and complete and hereby authorize you to make any inquires necessary to verify information contained herein to evaluate my tenancy. All information will remain confidential and will be shown only to those involved in the application approval process. ****AN APPLICATION FEE OF \$50.00 WILL BE REQUIRED TO PROCESS THIS APPLICATION**** PLEASE NOTE APPLICATION FEES ARE NOT REFUNDABLE!

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

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Business Questionnaire

Name of Business: _____

Address applying for: _____

Introduction

- Give a detailed description of the business and its goals.

- **Type of Ownership:** Corporation _____ Sole Proprietorship _____
Franchise _____ Partnership _____ Limited Partnership _____

Operations

- List the products/services offered. *Please attach separately*
- Explain the pricing strategy. *Please attach separately*
- List your hours of operation.
- Do you currently operate another business.

Financial Management

- Explain your source and the amount of initial equity capital.
- Develop a monthly operating budget for the first year. *Please attach separately*
- Discuss who will maintain your accounting records and how they will be kept.
- Provide "what if" statements that address alternative approaches to any problem that may develop.

Concluding Statement

- Summarize your business goals and objectives and express your commitment to the success of your business.

Submitted by: _____
Please print name

SIGNATURE: _____

DATE: _____