



Mall Name:	Contact Name:	Contact Title:
ANTELOPE VALLEY MALL	ELENA TREAT	SPECIALTY LEASING MANAGER
Contact Phone:	661-266-9422	DATE ORDERED:
SEARCH SUBJECT INFORMATION:		
Company name:		
DBA:		
Principal's Name:		
Personal Guaranty: YES NO Signed by:		
Addresses: (other than mall location?)		
Phone #'s:		
NOTES:		
Business owner information		
(Requires signature by individual for business owner credit history)		
Business Owner:		
Spouses Name (if applicable):		
Social security Number:		
DOB's:		
Home Address:		
Home Phone:		
Cell Phone:		

I _____ give permission for a credit history to be obtained by FITEC using the above referenced information.