

Ridgefield Office Center

100B Danbury Road, Suite 104

Ridgefield, CT 06877

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CREDIT APPLICATION

DATE: _____

Name: _____ S.S.# _____

Business Name: _____ Tax Id: _____

Business Address: _____

State: _____ Zip Code: _____

Telephone: # _____ Cell: # _____

Email: _____

Credit Card Number: _____ Expiration: _____

CVV#: _____

Landlord's Name: _____ Telephone #: _____
(If Applicable)

How long: _____

Home Address: _____
(if different from Business)

We fully understand your credit terms and agree to the proper payment in consideration of extended credit. I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. You are hereby authorized to make any investigations concerning my financial standing and/or credit record through any investigative or credit agencies.

Date: _____ Signature: _____