GRADY MANAGEMENT, INC.
Exceptional People. Exceptional Communities.

$85 Application fee

APPLICATION AND AGREEMENT TO RENT APARTMENT

The applicant(s) makes the representation in this application knowing that management will rely on their accuracy, and herby authorize any management wishes to make regarding credit, character, general reputation, personal characteristics, and mode of leasing. The applicant(s) release(s) management from any liability whatsoever for rejection of this application due to credit information received or other management reasons for rejection.

Full Legal Name		DBA or AKA	
Business Phone Number ( )	Business Fax Number ( )	Billing Phone Number ( )	
Street Address (cannot be a P.O Box)	City	State	Zip code
Billing Address(If different from above)	City	State	Zip code
BUSINESS CREDIT INFORMATION			
Person to Contact Regarding the account	E-mail Address		
Parent Company		Parent Company Phone Number ( )	
Parent Address		City / State / Zip Code	
DUNS Number (Required)	In Business since	Company Annual Revenue □ Less than $1,000,000 □ Greater than $1,00,000	
No. of Employees	□ 1-4 □ 5-9 □ 10-14 □ 15-24 □ 25-49 □ 50-99 □ 100-499 □ 500+		
Legal Structures □ Corporation □ Sole Proprietorship __Sub S __Limited Liability __ Professional □ Financial Institution □ Partnership □ Non- Profit Organization __ Limited □Publicity Traded		Do you Operate your business from home?__Yes___No Are you a Franchisee? ___Yes___No If you are a School or Government. Are you the central office?__Branch?__	
Bank References			
Bank Name		Contact	
City	State	Zip Code	

Personal Guarantee

THIS SECTION MUST BE COMPLETED IF THE APPLICANT IS(1) A SOLE PROPRIETORSHIP (2) APARTNERSHIP(3)A PRFESSIONAL(4)UNINCORPORATED(5) INCORPORATED FOR LESS THAN ONE YEAR OR IF THE APPLICANT HAS ANNUAL REVENUE OF LESS THAN $1,000,000. For this processed with your personal Guarantee, you must provide all applicable below.

First Name	Middle	Last Name	Social Security Number	Date of Birth / /
Street Address (No P.O Boxes)				Home Phone Number ( )
City		State		Zip code

Personal Guarantor_____ Date _____

Signature

Signature of Authorized Officer_____Date_____
Please Print Name and Title_____Date_____