Reich Bros, LLC

Lease Application

(Return this form by fax or email with a copy of your Certificate of Incorporation)

(Neturn tills form by	iax of Elliali wi	ui a	copy or you	i Certificate of file	oi poi ation)		
Reich Bros, LLC 267 Central Avenue White Plains NY 10606			Rs	Rschinik@Reichbros.com			
BUSINESS CONTACT INFORMATION							
Legal Business Name:	200111200 0						
Phone:	Fax:	Web	Site Address:				
Registered Company Address:	. =						
City:				State: Zip):		
County:			Date Establish				
Does company own real property? Yes \(\square\) No \(\square\)							
If company does NOT own real property, does a related entity own real property? If yes, please provide name of related entity and corresponding real property address:							
If doing business in more than on	ne place, list additiona	al addr	resses:				
List all D/B/A, fictitious and assumed names:							
Type of business: Sole proprietor	rship 🗌 Partnership	□ C		Other			
State in which incorporated: Organization Number:							
List your five largest customers:							
		Prin	cipals				
Owners Name:				Social Security Number	:		
Home Address:				Own Rent	DOB:		
City:				State:	Zip:		
Home email address:	1				Ownership %:		
Home Telephone:	Home Fax:			Cell Phone No.			
Additional Principals				0 1 1 0 11 11 1			
Name:				Social Security Number			
Home Address:				Own Rent	DOB:		
City:				State:	Zip:		
Home email address:	Homo Fove				Ownership %:		
Home Telephone: Additional Principals	Home Fax:			Cell Phone No.			
Name:				Social Socurity Number	•		
Home Address:				Social Security Number Own Rent Rent	DOB:		
City:				State	Zip:		
Home email address:					Ownership %:		
Home Telephone:	Home Fax:			Cell Phone No.	JWIICISHIP 70.		
Tiorne releptione.		ort I	nformation	CCIT HONE NO.			
Accountant's Name:	Տարր	OILI	IIIOIIIIatioii				
Firm:							
Address:							
City:				State:	Zip:		
Phone:	Fax:		Email:	0.0.0.	1		
Attorney's Name:	1	I					
Firm:							
Address:							
City:				State:	Zip:		
Phone:	Fax:		Email:				

		ormation					
Federal Tax ID: State Tax ID: Local Tax ID:							
Number of employees:							
How often do you file 941 Payroll Taxes? Weekly ☐ Monthly ☐ Quarterly ☐ Yearly ☐							
Are Payroll Taxes current? Yes No							
Do you have any Federal or State Taxes past due? Yes No							
If yes, has lien been filed? Yes \(\square\) No \(\square\)							
If yes, list type, quarter/year	and amounts below:			T			
Type:	Quarter:	Year:		Amount:			
	Banking L	nformation					
Business Checking Accoun							
Address:		Dank Name.					
City:			State:	Zip:			
Account Numbers:			otate.	Zip.			
Bank Officer's Name:			Phone	7.			
Business Loan Account	Name of Financial Institution:		THORK				
Address:	Traine of Financial Institutions	•					
City:			State:	Zip:			
How long with institution?	Loan Amo	nunt·	State.	Phone:			
Collateral:	Eddi 74iile	varit.		Thorie.			
Personal Account of:	President	Proprietor		Partner			
Bank Name:	Tresident	Г Порпског 🗀	Date Ac	ccount Opened:			
Address:			Date A	count opened.			
City:			State:	Zip:			
Checking Account No.:			Phone				
oneoking Account No	Machinary & Equipmor	at Collatoral Inform					
Machinery & Equipment Collateral Information What is the purpose of the funds to be generated from funding?							
	ppraisal existing that provides the			machinery and equipment of			
	s No If yes, attach a						
2. If #1 is yes, what are the stated values contained in the appraisal?							
2 16 //1 1							
	provide an accurate machinery						
Are receivables pledged as collateral? Yes \(\square\) No \(\square\) If yes, to whom?							
Le inventent aumonth, pladred as colleteral? Vac - No -							
Is inventory currently pledged as collateral? Yes No No							
If yes, to whom?							
Are there any commercial loans/leases outstanding? Yes \[\] No \[\]							
If yes, list here:							
ii yoo, iiot tioto.							
Has the machinery and equipment been operated in any other physical location? Yes \(\sqrt{N} \) No \(\sqrt{N} \)							
If yes, list all entities, names and Federal ID numbers here:							
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How did you find out about Reich Bros, LLC?							
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Signatures							
Applicant's Signature:		Date:	·				
Printed Name:		Title:					
Email Address:		Best Contact Phone No.:					