

Information Form
for
Tenants of
Audubon Business and Technology Center
Columbia University Medical Center

Carol Shuchman
Director, Commercial Leasing & Development
Audubon Business & Technology Center
Columbia University Medical Center

December 05

Instructions:

Please complete this application and return it with 4 copies of your Business Plan, R & D plan, Recent Financial Statements, Resumes of Principals and other supporting Documentation to:

Carol Shuchman
Director, Commercial Leasing & Development
Audubon Business and Technology Center
Columbia University
3960 Broadway
New York, NY 10032

Email: cs2053@columbia.edu

FAX: 212 -928- 4441

DATE: _____

Company Name: _____

Contact: _____

Mailing Address:

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Incorporated in: State _____ Year _____

Operations began/will begin in (month/year): _____

Business Purpose/Products:

Space Requirements:

Wet Lab _____

Office/ Other _____

Approximate Required Occupancy Date _____

Air _____ Vacuum _____ Hoods _____ Gases _____ Benches _____

Cold Room _____ Warm Room _____ Haz/ Rad Materials _____

Clean room _____ Others(specify) _____

Relationship (s) with Columbia University:

Principal: _____ **Principal:** _____

SS#: _____ SS#: _____

Drivers License No. & State: _____ Drivers License No. & State: _____

Home Address: _____ Home Address: _____

Phone: _____ Phone: _____

Partner: _____ **Partner:** _____

SS #: _____ SS#: _____

Drivers License No. & State: _____ Drivers License No. & State _____

Home Address: _____ Home Address: _____

Phone: _____ Phone: _____

Person Authorized to Negotiate/ Contract on Behalf of Company (Name, Title and Phone:

Number of Employees: FT _____ PT _____ Science/Rsch _____ Tech/Other _____

EXPERIENCE

Name of Business: _____

Address: _____

Business Type: _____

Years in Operation: _____

Ownership

Structure: _____

Name of Business: _____

Address: _____

Business Type: _____

Years in Operation: _____

Ownership

Structure: _____

Name of Business: _____

Address: _____

Business Type: _____

Years in Operation: _____

Ownership

Structure: _____

Name of Business: _____

Address: _____

Business Type: _____

Years in Operation: _____

Ownership

Structure: _____

REFERENCES

Bank: _____ **Bank:** _____

Address: _____ Address: _____

Contact: _____ Contact: _____

Acct #: _____ Acct #: _____

Business/Trade

Name: _____ Name: _____

Address: _____ Address: _____

Contact: _____ Contact: _____

Phone #: _____ Phone #: _____

TENANT CREDIT REFERENCE FORM

Prospective Tenant Name: _____

Business Name: _____

Business Address: _____

Reference Company Name: _____

Reference Address: _____

Phone: _____ Fax: _____

Started Doing Business in: _____

Product(s)/Services(s) Supplied: _____

Average Weekly Balance: _____

Current Balance: _____

Last Payment Date: _____

Overdue Amount: _____

Payment History: Excellent Good Fair Poor

Comments: _____

**Please fill out and return by Fax to
Carol Shuchman,
Director of Commercial Leasing, at (212) 928-4441**

CERTIFICATION STATEMENT

“I/we declare that I/we have examined the information form I/we am/are submitting and to the best of my/our knowledge and belief it is truthful and accurate. I/we agree that if anything arises which changes any of the statements I/we have made, I/we will promptly tell you. I/we represent that the property will not be used for any restricted or illegal purpose. You may exchange credit information about me/us with others, including my/our banks. You may request a credit report on me/us and if I/we ask, you will tell me/us the name and address of the consumer-reporting agency that furnished it. In addition, you may request a criminal check of my/our background.”

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

**Please fill out and return by Fax to
Carol Shuchman,
Director of Commercial Leasing at (212) 928-4441**

(One copy must be filled out and signed for each partner).

AUTHORITY TO RELEASE CREDIT AND CRIMINAL INFORMATION

To whom it may concern:

I hereby authorize _____, or their designated representatives, with this release, or a copy thereof, to obtain information from credit bureaus and law enforcement agencies relating to my activities.

I hereby authorize you to provide such information and hereby release you, as the custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs or assigns, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of the release, you may contact me.

Signature: _____
Full Name

Please Print

Full Name: _____

Social Security No.: _____

Date of Birth: _____

Other Names Used: _____

Date Signed: _____

Current Address: _____
Street Address and/or PO Box

City, State and Complete Zip Code

Telephone No.: _____

Signature of Witness: _____

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Carol Shuchman,
Director of Commercial Leasing at (212) 928-4441**