COMMERCIAL LEASE APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application. PLEASE PRINT CLEARLY.

Corp. No	OCCUPANT(S) Company					
DBA	Address (Main Office) _					
Corp. No.		Number	Street	City	State	Zip
Number of Employees	DBA			Sole Prop	☐ Partnership	☐ Corp.
Type of Business Gross Annual Revenue Contact Person Title Phone # (Corp. No			Year Established		
Title	Employer ID#			Number of Emplo	oyees	
COMMERCIAL RENTAL HISTORY (No Less Than Two Years) Present Address Rent Own Number Rental/Mortgage Amount Paid Monthly City From/To Zip Reason for leaving Landlord Name/Mortgage Co Phone # () Previous Address Rental/Mortgage Amount Paid Monthly From/To Sinet Zip Reason for leaving Landlord Name/Mortgage Co Phone # () BANKING REFERENCE Phone # () BANKING REFERENCE Phone # () Address Number	Type of Business					
Phone # () Fax #	Gross Annual Revenue _					
COMMERCIAL RENTAL HISTORY (No Less Than Two Years) Present Address Rent Own Rental/Mortgage Amount Paid Monthly From/To Reason for leaving Landlord Name/Mortgage Co. Phone # (Contact Person				Title	
COMMERCIAL RENTAL HISTORY (No Less Than Two Years) Present Address Rent	Phone # ()			Fax # <u>(</u>)	
Rent Own Number Rental/Mortgage Amount Paid Monthly From/To Reason for leaving	COMMERCIAL R	ENTAL 1	HISTORY (No Less	Than Two Years)		
Reason for leaving		Number	Street	C		
Landlord Name/Mortgage Co Phone # () Previous Address				-		
Previous Address						
Rent Own Rental/Mortgage Amount Paid Monthly From/To Reason for leaving	Landlord Name/Mortgag	ge Co			Phone # ()	
Rent Own Rental/Mortgage Amount Paid Monthly From/To Reason for leaving Landlord Name/Mortgage Co. Phone # () BANKING REFERENCE Name Phone # () Address Street City State Zip Account # Checking Savings Balance OTHER INFORMATION THE PRINCIPALS 1) Title	Previous Address					
Phone # (RentOwn			ount Paid Monthly		Zip
BANKING REFERENCE Name	Reason for leaving					
BANKING REFERENCE Name					<u> </u>	
Address Number Street City State Zip Account # Checking						
Account # Checking Savings Balance OTHER INFORMATION THE PRINCIPALS 1) Title Last First Middle Social Security # Date of Birth	Name			Phone # <u>(</u>)	
Account # Checking Savings Balance OTHER INFORMATION THE PRINCIPALS 1) Title Last First Middle Social Security # Date of Birth	Address					
OTHER INFORMATION THE PRINCIPALS 1) Title Last First Middle Social Security # Date of Birth Address						1
THE PRINCIPALS 1) Title Last First Middle Social Security # Date of Birth Address	Account #		Checking	Savings	Balance	
1)Title Last First Middle Social Security # Date of Birth Address	OTHER INFORM	ATION				
Last First Middle Social Security # Date of Birth Address	THE PRINCIPALS					
Social Security # Date of Birth Address	1)		Einst	Middle	Title	
Address						
	•			Date of Birtin		
			Street	City	State	Zip

OTHER INFORMATION (continued) THE PRINCIPALS Title First Middle Social Security #____ Date of Birth _____ Number Street City State Zip ____ Title ___ First Middle Date of Birth ____ Social Security #____ Address_ City Number Street Zip **CREDIT REFERENCES** 1) Company ___ Phone # (Address___ Number City State Street Account # Contact Person 2) Company_ Phone # (____ Address_ Number Street City State Account # Contact Person _____ Phone # (3) Company _ Address_ Number Street

AUTHORIZATION

Account #

Any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals.

1)	SIGNATURE:	DATE
	By	TITLE
2)	SIGNATURE:	DATE
	By	TITLE
3)	SIGNATURE:	DATE
	By	TITLE

Contact Person