

Commercial Lease/Rental Application Form

Business Details:						
Business Name:	Office Address:				Website name if	
Fed Id#:	Primary phone :		Alternate phone :		Email :	
LLC:	Corporation:		Partnership:		Other:	
State of Incorporation :			Business Type:			
1st Owner/principal informat	ion					
Last	First	MI	SSN:	Title:	Ownership percentage:	
Driver's License Number:	DL issued State:		DL issued Date:		DL Expiration da	le:
2nd Owner/principal information						
Last		MI	SSN:	Title:	Ownership percentage:	
Driver's License Number:	DL issued State:		DL issued Date:		DL Expiration date:	
Lease Guarantee						
Person 1:	Person 2:					
History of previous rental places						
1) Present Address:		Rent/own:	If Rent, rent/month:			
Name of the landlord:	Landlord's contact	ct Number:				
2) Previous Address:		Rent/Own:	If Rent, rent/month:			
Name of the landlord:	landlord: Landlord's contact Number:					
3) Previous Address:		Rent/own:	If Rent, rent/month:			
Name of the landlord:	andlord: Landlord's contact Number:					
Credit Reference:						
1st Reference :	Address:		Phone:		Email Address:	
2nd Reference :	Address:		Phone:		Email Address:	
3rd Reference :	Address:		Phone:		Email Address:	
Current Monthly Revenue from your business: Gross Revenue:						
Current Assets: (app) *optional						
Bank Reference:						
Account 1 Bank Name:	Address:		Phone:	Checking/Saving	Number:	
Account 2 Bank Name:	Address:		Phone:	Checking/Saving	Account Number:	
By signing, the applicant represents that all of the above information is true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report or background check. Applicant also agrees that all application fees are non-refundable. If any information is false, the Landlord is entitled to reject the application.						Date