

COMMERCIAL LEASE APPLICATION

Landlord/Lessor: _____ Date of Application: _____
Location of Leased Premises: _____

Business Name: _____
Name of Persons who will sign lease:
Person 1: _____
Driver's License No. _____ State of Issuance: _____
Social Security Number: _____ Date of Birth: _____
Person 2: _____
Driver's License No. _____ State of Issuance: _____
Is your business a corporation, LLC or other entity? Yes No
- If yes, what form of business entity? _____
- Federal Tax ID Number: _____
- State in which entity formed? _____
- Names of Person(s) who will Guarantee Lease
- Person 1: _____
- Person 2: _____
- Registered Agent Name: _____
- Address for registered agent: _____
City State Zip _____
Proposed use of premises? _____

Other Business Locations: _____

Credit References: _____
Name: _____
Address: _____
City State Zip _____
Contact: _____ Phone: _____
Name: _____
Address: _____
City State Zip _____
Contact: _____ Phone: _____

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Conditions and Information

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.

For Landlord's Use Only

Rent Amount: _____

Deposit: _____

Date Lease to begin: _____

End of Lease: _____

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

Signed: _____

Date: _____

Signed: _____

Date: _____

Credit References Continued:

Name: _____

Address: _____

City State Zip _____

Contact: _____

Phone: _____

Bank Information

Name

Type Of Account

Account #

City

Credit Cards

Type

Card #

Type

Card #

Creditors (Not Already listed)

Name

Monthly Payment

Balance Owed

DISCLOSURE OF MANAGER:

The Manager of the Premises is _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Comments:

CONSENT TO CREDIT CHECK

I / We, _____, the undersigned applicant(s) authorize landlord, _____, or his/ her/ their agent to order and review my/ our credit and criminal history and investigate the accuracy of the information contained in the application. I / We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/ our credit.

Signed: _____

Date: _____

Signed: _____

Date: _____