COMMERCIAL LEASE APPLICATION

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

OCCUPANT(S)

Company _____

Address (Main Office) _____

Number	Street	City	State	Zip

DBA _____ ☐ Sole Prop   ☐ Partnership   ☐ Corp.

Corp. No._____ Year Established _____

Employer ID# _____ Number of Employees _____

Type of Business _____

Gross Annual Revenue _____

Contact Person _____ Title _____

Phone # (_____) _____ Fax # (_____) _____

COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address _____

Number	Street	City	State	Zip

Rent _____ Own _____ Rental/Mortgage Amount Paid Monthly _____ From/To _____

Reason for leaving _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

Previous Address _____

Number	Street	City	State	Zip

Rent _____ Own _____ Rental/Mortgage Amount Paid Monthly _____ From/To _____

Reason for leaving _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

BANKING REFERENCE

Name_____ Phone #(_____) _____

Address_____

Number	Street	City	State	Zip

Account #_____ Checking _____ Savings_____ Balance _____

OTHER INFORMATION

THE PRINCIPALS

1)_____ Title _____

Last	First	Middle

Social Security #_____ Date of Birth _____

Address_____

Number	Street	City	State	Zip

OTHER INFORMATION (continued)

THE PRINCIPALS

2)_____ Title _____
      Last   First   Middle

Social Security #_____ Date of Birth _____

Address_____
        Number   Street   City   State   Zip

3)_____ Title _____
      Last   First   Middle

Social Security #_____ Date of Birth _____

Address_____
        Number   Street   City   State   Zip

CREDIT REFERENCES

1) Company _____ Phone # (_____)_____

Address_____
        Number   Street   City   State   Zip

Account # _____ Contact Person _____

2) Company _____ Phone # (_____)_____

Address_____
        Number   Street   City   State   Zip

Account # _____ Contact Person _____

3) Company _____ Phone # (_____)_____

Address_____
        Number   Street   City   State   Zip

Account # _____ Contact Person _____

AUTHORIZATION

Contemporary Information Corporation or 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 _____

FOR OFFICE USE ONLY

NOTE: Advise the applicant to authorize banks, landlords, and credit references to release all relevant information to Contemporary Information Corporation.

Remarks:_____

_____

_____

Move in Date_____ Unit # _____ Unit Type_____ Rent $ _____

Advise Applicants_____

Not Accepted: Reason _____