

Application for Business Rental

Failure to fill in ALL portions may result in a negative response.

Type of Business

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Gen. Partnership | <input type="checkbox"/> Ind. Trust |
| <input type="checkbox"/> Lim. Liab. Co. | <input type="checkbox"/> Lim. Partnership | <input type="checkbox"/> Corp. Trust |

Business & Corporate Information

Name of Business (DBA) _____ Legal Business Name _____
Attach a copy of Legal Documentation - Articles of Incorporation, Business License, Partnership Agreement, etc..

Physical Address _____ City _____ State _____ Zip _____
DO NOT ENTER A P O BOX

Mailing Address _____ City _____ State _____ Zip _____
If Different than physical

Business Phone _____ Alternative Phone _____ E-Mail Address _____

What state is the business headquartered in _____ Age of Business _____ Years _____ Months

EIN _____ Business Type _____ No. of Anticipated Employees _____
DO NOT ENTER A Social Security Number

Detailed Description of Anticipated Operation

Lease References

Current MGMT Co. _____ Phone _____ Agent _____

Former Business Address _____ City _____ State _____ Zip _____

Management Co. _____ Phone _____ Agent _____

Former Business Address _____ City _____ State _____ Zip _____

Management Co. _____ Phone _____ Agent _____

YOU MUST LIST A MINIMUM OF 3 Credit References (Bank, Charge Accounts, Finance Company)

Credit References

Business Name _____ Phone _____

Account No. _____ Length of Account _____

Business Name _____ Phone _____

Account No. _____ Length of Account _____

Business Name _____ Phone _____

Account No. _____ Length of Account _____

Business Name _____ Phone _____

Account No. _____ Length of Account _____

Business Name _____ Phone _____

Account No. _____ Length of Account _____

Enter ALL individuals and/or entities who hold an Ownership / Partnership / Managerial Interest in this Business

Full Name _____ Social Security Number _____
Include MIDDLE, FORMER & MAIDEN Names

Date of Birth _____

Home Address _____ City _____ State _____ Zip _____
DO NOT ENTER A POST OFFICE BOXFull Name _____ Social Security Number _____
Include MIDDLE, FORMER & MAIDEN Names

Date of Birth _____

Home Address _____ City _____ State _____ Zip _____
DO NOT ENTER A POST OFFICE BOXFull Name _____ Social Security Number _____
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Please attach proof of business income in the form of tax returns, Profit/Loss Statements, Balance Sheets, Income Statements and/or Bank Statements. Documents provided must encompass a period of two (2) years. New businesses must provide proof of funds available to establish financial stability and ability to cover lease payments.

DRIVER'S LICENSE OR STATE PHOTO IDENTIFICATION IS MANDATORY AT TIME OF APPLICATION

I/We the undersigned, offer the foregoing information for the purposes of verification to qualify this application. I/We the undersigned, do hereby authorize Employment, References, Living – Criminal – Credit checks to be conducted from: sources which could attest to my creditability, suitability and worthiness; Consumer Reporting Agencies & Credit Bureaus. I/We the undersigned, do hereby warrant and represent that all statement contained herein are true and correct to your knowledge and belief. If any statement or writing contained herein is not true, or applicant chooses to withdraw this application for any reason, the deposit will be applied to rent or actual damages sustained by the owner, except that the deposit will be fully refunded if this application is not accepted by the owner for reason other than listed above. In addition, I/We the undersigned, do hereby authorize the landlord/property manager/ owner can report our names and information to the appropriate Consumer Reporting Agency. This application may also be released to any company, agency or service upon request.

Today's Date _____

Signature _____

Signature _____

Signature _____

Signature _____