

COMMERCIAL LEASE APPLICATION

LANDLORD INFORMATION

Property Manager/Landlord

Landlord Name: _____

Address: _____

Phone: _____

Property Information

Rental property address: _____.

Application to rent suite#: _____.

Tenant's leased area: _____ square feet.

Anticipated possession date: _____ day of _____, _____.

The term of the tenancy will be: _____.

The base rent will be: \$ _____.

Tenant's proportionate share of operating costs: _____%.

The initial security deposit will be: \$ _____.

The advance rent required will be: \$ _____.

TENANT INFORMATION

Business Information

Business Name _____

Present Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Intended Use of Premises _____

Emergency Contact _____ Phone () _____

Check One: Sole Proprietor Partnership Corporation

Type of Business: Retail Wholesale Manufacturer

Other _____

Date Established _____ Number of Employees _____

Parent Company Name _____

Parent Company Address _____

How long at present address _____ Monthly Payment _____

Present Landlord Name _____

Present Landlord Address _____

Present Landlord Phone _____

How long at previous address _____ Monthly Payment _____

Previous Landlord Name _____

Previous Landlord Address _____

Previous Landlord Phone _____

Business Owner / Partner / Stockholder Information

First Owner's Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Alternative Phone () _____

Social Security # _____ Driver's License # _____

Date of Birth _____

E-mail Address (optional) _____

Second Owner's Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Alternative Phone () _____
Social Security # _____ Driver's License # _____
Date of Birth _____
E-mail Address (optional) _____

Third Owner's Name _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone () _____ Alternative Phone () _____
Social Security # _____ Driver's License # _____
Date of Birth _____
E-mail Address (optional) _____

Banking Information

Banking Institution _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____

(Include second bank information if applicable)

Banking Institution _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____

Credit References

List industry references from which you make purchases through credit accounts.

Company Name _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____

Company Name _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Leasehold Improvements

Authorization

I certify that everything stated in this document is true and accurate. I understand that an investigation will take place based on the information provided in this document in which I authorize the individual or organization to whom this application is submitted to investigate all matters related to banking and credit status.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____