## **COMMERCIAL LEASE APPLICATION** Landlord/Lessor: Date of Application: Location of Leased Premises: Contact: Business Name: Name of Persons who will sign lease: **Conditions and Information** Person 1: Driver's License No. State of Issuance: All pages of this lease application must Date of Birth: Social Security Number: be signed by all persons who will sign the lease agreement. Additional tenant Person 2: Information is on page 2. State of Issuance: Driver's License No: Is your business a corporation, LLC or other entity? Yes No The completing of this application by Tenant and the acceptance of this - If yes, what form of business entity? application by Landlord creates no - Federal Tax ID Number: obligation of Landlord to approve the - State in which entity formed? application. - Names of Person(s) who will Guarantee Lease This application will be approved or - Person 1: rejected usually within five (5) days of - Person 2: being submitted to landlord. However, there is no obligation of Landlord to - Registered Agent Name: notify tenant unless the application is - Address for registered agent: approved. City State Zip If this application is approved, Tenant Proposed use of premises? must make the security deposit and sign the lease before the tenancy Other Business Locations: begins. Credit References: Name: Address: For Landlord's Use Only City State Zip \_\_\_\_\_\_ Rent Amount: Phone: Contact: Deposit: Name: Date Lease to begin: Address: End of Lease: City State Zip (Continued on Page 2) 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.

Ph

Date: \_\_\_\_\_

Signed:

Address:			
City State Zip			$\dashv$
Contact:	Phone		<del>- </del>
contact.	THORE		
Bank Information			
Name	Type Of Account	Account #	City
		_	<del></del>
Credit Cards			
Гуре	Card #	Type	Card #
	<del></del> , - <del></del>		
Creditors (Not Already	listed)		
Name	Monthly Payment	:	Balance Owed
			_
			_
			_
DISCLOSURE OF MANAG	GER:		
The Manager of the Pre	emises is	Phone: _	
Address:			
	State: Zip:		
City:		T TO CREDIT CHECK	·
City:		T TO CREDIT CHECK	<u>C</u>
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