

COMMERCIAL LEASE APPLICATION

Landlord/Lessor: _____ Date of Application: _____

Location of Leased Premises: _____

Business Name: _____ Contact: _____

Name of Person(s) who will sign lease:
 Person 1
 Name &
 Address: _____

Driver's License No. _____ State of Issuance: _____
 Social Security Number: _____ Date of Birth: _____

Person 2
 Name &
 Address: _____

Driver's License No. _____ State of Issuance: _____
 Social Security Number: _____ Date of Birth: _____

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: _____

Contact: _____

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

CREDIT REFERENCES	Rent Amount:
Name: _____	Deposit:
Address: _____	Date Lease to begin:
City State Zip _____	End of Lease:

(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.

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: _____