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

Credit References Continue	d:			
Name:				
Address:				
City State Zip				
Contact:	Phone:			
Bank Information	T 0/ A			011
Name	Type Of Account	Account #		City
Credit Cards				
Type	Card #	Туре		Card #
	Gara II	1,400		out a "
Creditors (Not Already lists	ed)			
Name	Monthly Payment		Balance Owed	
DISCLOSURE OF MANAGER:				
The Manager of the Premises	is		Phone	e:
Address:				
City:	State:	Zip:		
Comments:				
	CONSENT	TO CREDIT CHEC	K	
				gned applicant(s) authorize
landlord,				
criminal history and invest further authorize all banks				
persons to provide to Land		•		es, and any and an other
	•	•	-	
Signed:			Date:	
Signed:			Date:	
J.g., Va			Dato.	