LEASE APPLICATION FORM

ALL INFORM				
Company Name:			Tax I.D. #:	
Person Applying:	S	Social Security #:		
Phone #:	Fax #:	Fax #: B		
Current Business Address:	Street			
	City	State	Zip	
Current Landlord:				
I	Name	Contact	Phone	
Current Home Address:	Street			
	City	State	Zip	
Corporation	Part	nership	Individual	
State and Date of Incorporation	n:			
Name(s) of Principal(s)	Address		Phone #	
Name of person(s) authorized	to negotiate and execut	e agreements on bel	nalf of your company:	
PLEASE ATTACH A CORPO				
Are you registered to do busir	ness in the State of Flori	da?	_ Yes No	
Outside the United States?	Yes	No If so, wh	here and list below:	
BANK ACCOUNT:				
Account #: Checking:		Savings:		
Name of Bank:		Branch Name:		
		Phone #:		

Florida Equities LLC, 6300 NE 1st Avenue Suite 300, Fort Lauderdale, FL 33334 FAX (954) 776-7918

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CREDIT REFEREN	ICES		
Name	Address	Account #	Phone # / Contact
1.			
2			
4.			
PERSONAL REFE	RENCES		
Name	Address		Phone #
1.			
2.			
3.			
4.			
BUSINESS DESCR	<u>RIPTION (</u> please give a brief desc	ription and history of your	business)

I certify that all the information on this form is true and correct. I hereby consent to Landlord obtaining a personal credit report or any other credit information Landlord deems necessary. *Principles signatures:*

Signed:	Date:
Name Printed:	Title:
Signed:	Date:
Name Printed:	Title: