

Please return to: Quaglino Properties, LLC

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## **COMMERCIAL RENTAL APPLICATION**

Name of Business:	
DBA (If Different):	Years in Business:
Sole Proprietorship: Full name of Applica	ant:
Nature of Business:	
Phone Number: ()	Cell Phone Number: ()
Fax: () E-Mail Address	8:
Home Address:	
Applicant's Social Security Number:	
Partnership: Name of Partnership:	Type of Partnership:
Principle Partner (1):	Partner (2):
Social Security Number (1):	Social Security Number (2):
Nature of Business:	
	Cell Phone Number: ()
Fax: () E-Mail Address	8:
Corporation: Name of Corporation:	
Nature of Business:	Where incorporated:
	V.P.:
Secretary:	Treasurer:
Phone Number: ()	Cell Phone Number: ()
Fax: () E-Mail Address	s:
Federal I.D. #:	



Rental References:	
Current Location Address:	
Name of Current Landlord/Manage	er:
Landlord/Manager's Phone #: (	_) How long at Present Address:
Current Rent Amount:	
Reason for Leaving:	
Landlord/Manager:	Landlord/Manager's Phone #: ()
If present address is less than or	ne year, and/or you have additional business locations, please list
those addresses below and indicat	te landlord/manager's name and phone number:
Business References:	
Bank name:	Bank Address:
Bank Contact Name:	Bank Phone:
Business Reference:	Address:
Phone: ()	Contact:
Business Reference:	Address:
Phone: ()	Contact:
	Address:
Phone: ()	Contact:
Business Reference:	
Phone: ()	



Comments:	
any and all credit reporting agencies to disclose at the date of the application and at any time during agrees that this application does not constitute a	e true, correct, and complete and hereby authorizes all information concerning past credit history prior to g the tenants tenancy. Applicant acknowledges and a contract, lease or agreement for space. Applicant se any rental agreement entered into for any
Applicant Signature	Date