LEASE APPLICATION FORM

Company Name_____

Street Address_____

City, State, Zip_____ How Long?_____

Phone_____ Corporation, LLC, Sole Proprietor, or Partnership_____

Principal_____ Title_____

Office Address_____ City_____

Office Phone_____ FAX_____

Principal_____ Title_____

Office Address_____ City_____

Office Phone_____ FAX_____

Name of Bank_____ Contact Name_____

Bank Address_____ Phone_____

Checking Account #_____ Branch_____

Current Landlord Name_____ Contact_____

Address_____ Phone_____

City, State, Zip_____ How Long?_____

TRADE REFERENCES:

Name/Contact_____ Account #_____

Address_____ Phone_____

Name/Contact_____ Account #_____

Address_____ Phone_____

Name/Contact_____ Account #_____

Address_____ Phone_____

PERSONAL DATA

Applicant's Name (Print)_____ Social Security #_____ Home Phone_____

Home Address_____ How Long?_____

City, State, Zip_____ Email address?_____

Landlord's Name and Phone_____

Previous Address_____ How Long?_____

City, State, Zip_____ Own or Rent?_____

Landlord's Name and Phone_____

Date of Birth_____ Social Security #_____

Driver's License #_____ State of_____

Name of Bank_____ Contact_____

Banker's Phone_____ Account #_____

PERSONAL REFERENCES

Name_____ Phone_____

Relationship_____ Occupation_____

Name_____ Phone_____

Relationship_____ Occupation_____

IN CASE OF EMERGENCY:

Name_____ Phone_____

Relationship_____ Address_____

City, State, Zip_____

Name_____ Phone_____

Relationship_____ Address_____

City, State, Zip_____

THE ABOVE STATEMENTS ARE SUBMITTED FOR THE PURPOSE OF LEASING COMMERCIAL SPACE AND ARE CERTIFIED TO BE ABSOLUTELY TRUE AND CORRECT. I AGREE THAT CREDIT INQUIRIES MAY BE MADE BY THE LESSOR OR AGENT TO VERIFY THIS INFORMATION.

Signature_____ Date_____