

COMMERCIAL LEASE APPLICATION

THE LANDLORD

Landlord/Lessor: _____ Date: _____

Property Address: _____

Square Feet (SF): _____ Property Name (if any): _____

THE BUSINESS

Business Name: _____

Principal Office Address: _____

Phone Number: _____ E-Mail Address: _____

Type of Entity: - LLC - Corporation - Partnership - Other _____

State of Incorporation: _____ Federal TAX ID Number (FEIN): _____

Business Type: _____ (e.g. "pharmacy", "convenience store", etc.)

THE TENANT

Owner/Principal: _____

Ownership Percentage: _____ %

Title: - President - CEO - Vice President - Other _____

Driver's License Number: _____ State: _____

Issued Date: _____ Expiration Date: _____

Social Security Number (SSN): _____ DOB ____/____/____

2nd Owner/Principal: _____

Ownership Percentage: _____ %

Title: - President - CEO - Vice President - Other _____

Driver's License Number: _____ State: _____

Issued Date: _____ Expiration Date: _____

Social Security Number (SSN): _____ DOB _____

LEASE GUARANTEE

Name(s) of the Person(s) that will Guarantee the Lease:

Person 1: _____

Person 2: _____

RENTAL HISTORY

Present Address: _____

Rent: \$ _____ / Month - Rent - Own - Other _____

If Renting, Name of Landlord: _____ Phone: _____

Previous Address: _____

Rent: \$ _____ / Month - Rent - Own - Other _____

If Rented, Name of Landlord: _____ Phone: _____

CREDIT REFERENCE (Former Landlord, Bank, Vendor, etc.)

1st Reference: _____

Address: _____

Phone: _____ E-Mail Address: _____

2nd Reference: _____

Address: _____

Phone: _____ E-Mail Address: _____

3rd Reference: _____

Address: _____

Phone: _____ E-Mail Address: _____

CURRENT MONTHLY REVENUE

Gross Revenue: \$ _____ Total Expenses: \$ _____

CURRENT ASSETS

Cash on Hand & in Banks \$ _____

Savings Accounts \$ _____

IRA/Retirement Accounts \$ _____

Accounts Receivable \$ _____

Insurance Cash Surrender \$ _____

Stocks & Bonds \$ _____

Real Estate \$ _____

Vehicles \$ _____

Other Personal Property \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Assets: \$ _____

CURRENT LIABILITIES

Accounts Payable \$ _____

Notes Payable to Banks \$ _____

Auto Payments \$ _____

Other Installment Accounts \$ _____

Loans on Life Insurance \$ _____

Mortgages on Real Estate \$ _____

Unpaid Taxes \$ _____

Other Liabilities _____ \$ _____

Other Liabilities _____ \$ _____

Other Liabilities _____ \$ _____

Total Liabilities \$ _____

BANKING REFERENCES

1st Account Bank Name _____ Phone _____

Bank Address _____

Account Number _____ Type - Checking - Savings

2nd Account Bank Name _____ Phone _____

Bank Address _____

Account Number _____ Type - Checking - Savings

CONSENT

I/We, _____, the undersigned applicant(s) authorize the 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.

Tenant Signature _____ Date _____

Tenant Signature _____ Date _____