

COMMERCIAL LEASE APPLICATION

LANDLORD INFORMATION

<u>Landlord</u>							
Landlord's Name:							
Landlord's Address:							
Landlord's Phone: ()							
Property Information							
All monetary values are expressed in US Dollars. Rental Property Address:							
							Application to rent suite/bay #:
Tenant's leased area: square f							
Anticipated Possession Date:							
The term of the tenancy will be: The base rent will be:							
							Tenant's proportionate share of operating costs:
The initial security deposit will be:							
	TENANT INFORMATION						
Business Information							
<u> </u>							
Present Address:							
Home Phone: ()	Fax: ()						
Intended Use of Premises:							
Emergency Contact:	Phone: ()						
Check One: Sole Proprie	etor Partnership Corporation						

Type of Business:	Retail	Wholesale	Manufacturer	
	Other		_	
Business Name:				
Present Address:				
Date Established:				
Parent Company Na	me:			
Parent Company Ad	dress:			_
How long at present	address:		Monthly Payment:	
Present Landlord Na	nme:			
Present Landlord Ad	ldress:			-
Present Landlord Ph	one: ()	_	_
How long at previou	s address:		Monthly Payment:	
Previous Landlord N	Name:			
Previous Landlord A	Address:			-
Previous Landlord P	Phone: (_)		-
Business Owner / P	artner / Stockh	older Information		
First Owner's Name	:			
Home Address:				_

Home Phone: ()	Alternative Phone: ()			
Email Address (Optional):					
Social Security Number:					
Driver's License Number:					
Second Owner's Name:					
Home Address:					
Home Phone: ()	Alternative Phone: (
Email Address (Optional):					
Social Security Number:					
Driver's License Number:					
Third Owner's Name:					
Home Address:					
Home Phone: ()	Alternative Phone: ()			
Email Address (Optional):	Date of Birth:				
Social Security Number:					
Driver's License Number:					
Banking Information					
Banking Institution:					
Address:					
(If you bank with more than one institution, please list second bank below)					
Banking Institution:					
Address:	Phone: ()				
Credit References					
List industry references from which you make purchases through credit accounts.					
Company Name:					
Contact Name:					
Address:					

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Company Name:	
Contact Name:	
Address:	Phone: ()
Company Name:	
Contact Name:	
Address:	
Credit Check Authorization	
I certify that the information provided is true, accurate	and complete. I authorize the individual or
organization to whom this application is submitted to i	nvestigate all bank, credit and trade references
named in this application, and to obtain information ab	oout the credit status of the applicant in order to
assess the applicant's suitability as a tenant/lessee.	
Authorized Signature	Date
Authorized Signature	