

Central Paseo Medical Center

7550 N 19th Avenue, Phoenix AZ 85021

Rental Application

(Please print or type)

Personal Information / Responsible Individual

Name: _____
(Last) (First) (M.I.)
Date of Birth (MM/DD/YY): ____/____/____ SS#: ____-____-____
(*Note: Credit check will be run)
Address: _____ City: _____ Zip: _____
Tel: (____)____-____ E-mail: _____
Cell Phone #: _____ Length of time at present address: _____
(to include information on other principals, include another form containing their information)
Emergency Contact Name & Nr: _____ Relation: _____

Business Information

Name of Business: _____
Address: _____ City: _____ Zip: _____
Tel: (____)____-____ Fax: (____)____-____ E-mail: _____
Type of Business: _____ Full time: _____ Part time: _____
Official Start Date: _____ Number of years in continuous operation: _____
Form of Business: _____ Sole proprietorship _____ Partnership _____ Corporation
Number of Employees (including owner): _____ Tax ID #: _____

Gross receipts of last fiscal year:

____ \$1,000 - 10,000 ____ \$10,000 - 25,000 ____ \$25,000 - 50,000 ____ \$50,000 - 75,000
____ \$75,000 - 100,000 ____ above \$100,000 ____ Not applicable

Other source of income for Applicant:

Amount (per year) and source(s): _____

Responsible Person Name: _____

Responsible Person Phone Number: _____

Business Name: _____

Type of Business: _____

Description of Business Operations Taking Place In Suite: _____

Monthly Budget: _____

Typical Business Hours: _____

Signage Required/Preferred (may incur additional cost): _____

Ideal Move-in Date: _____

Length of Lease Desired: _____

Square Feet Needed: _____

Space-Specifics (i.e. kitchen, how many offices ideally, floor preference, etc.): _____

Electrical use – please list what expected monthly electric use shall be and listed equipment that accounts for the majority of the consumption, such as approximate number of computers, any special equipment and approximate use, servers and approximate use, (this ensures that electric system will be able to handle load). : _____

Number of Employees: _____

Number of Guests Expected on a Daily Basis: _____

Number of Parking Spaces Required: _____ Covered _____ Uncovered

Please provide a copy of these documents/items to be returned with application:

_____ DBA/Business License or Corporate Documents

_____ ID copy (front and back) _____

_____ Email address/es for each applicant for background/credit check

Please provide any other documents, such as bank statements, cash flow statement, etc that you would like considered as a part of this application.

Applicant's Signature: _____ **Date:** _____

PLEASE RETURN APPLICATION TO:

Teo Cupes PC, Prestige Realty

Tel. (480) 255-7327 / Fax. (480) 553-8625

E-mail tcupes@yahoo.com