

COMMERCIAL LEASE APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application.
PLEASE PRINT CLEARLY.

OCCUPANT(S)

Company _____

Address (Main Office) _____

Number

Street

City

State

Zip

DBA _____ Sole Prop Partnership Corp.

Corp. No. _____ Year Established _____

Employer ID# _____ Number of Employees _____

Type of Business _____

Gross Annual Revenue _____

Contact Person _____ Title _____

Phone # (_____) _____ Email _____

COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address _____

Number

Street

City

State

Zip

Rent _____ Own _____ Rental/Mortgage Amount Paid Monthly _____ From/To _____

Reason for leaving _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

Previous Address _____

Number

Street

City

State

Zip

Rent _____ Own _____ Rental/Mortgage Amount Paid Monthly _____ From/To _____

Reason for leaving _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

BANKING REFERENCE

Name _____ Phone # (_____) _____

Address _____

Number _____ Street _____ City _____ State _____ Zip _____

Account # _____ Checking _____ Savings _____ Balance _____

OTHER INFORMATION

THE PRINCIPALS

1) _____ Title _____

Last _____ First _____ Middle _____

Social Security # _____ Date of Birth _____

Address _____

Number

Street

City

State

Zip

OTHER INFORMATION (continued)

THE PRINCIPALS

2) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Address _____
Number Street City State Zip

3) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Address _____
Number Street City State Zip

Have you or any of the above applicants ever filed a petition of bankruptcy? _____

Have you or any of the above applicants ever been evicted of any tenancy or had an eviction notice served on you and/or been part of an unlawful detainer? _____

Have you or any of the above applicants willfully and intentionally refused to pay rent when due? _____

Have you or any of the above applicants ever been convicted of a misdemeanor or felony, other than a traffic or parking violation? _____

Have you or any of the above applicants ever been convicted of the illegal manufacture or distribution of a controlled substance? _____

CREDIT REFERENCES

1) Company _____ Phone # (_____) _____

Address _____
Number Street City State Zip

Account # _____ Contact Person _____

2) Company _____ Phone # (_____) _____

Address _____
Number Street City State Zip

Account # _____ Contact Person _____

3) Company _____ Phone # (_____) _____

Address _____
Number Street City State Zip

Account # _____ Contact Person _____

AUTHORIZATION

Broad Ripple Property Group LLC or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals.

- 1) SIGNATURE: _____ DATE _____
By _____ TITLE _____
 - 2) SIGNATURE: _____ DATE _____
By _____ TITLE _____
 - 3) SIGNATURE: _____ DATE _____
By _____ TITLE _____
-