COMMERCIAL LEASE APPLICATION

I. THE LANDLORD.	
Landlord/Lessor: Date:	
Property Address:	
Square Feet (SF): Property Name (if any):	
II. 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.)	
III. 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):	
2 nd Owner/Principal:	

Ownership Percentage: %				
Title: □ - President □ - CEO □ - Vice President □ - Other				
Driver's License Number: State:				
Issued Date: Expiration Date:				
Social Security Number (SSN):				
IV. LEASE GUARANTEE.				
Name(s) of the Person(s) that will Guarantee the Lease:				
Person 1:				
Person 2:				
V. 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:				
Previous Address:				
Rent: \$ / Month □ - Rent □ - Own □ - Other				
If Rented, Name of Landlord: Phone:				

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

1st Reference:					
	E-Mail Address:				
2 nd Reference:					
Address:					
Phone:	E-Mail Address:				
3 rd Reference:					
Address:					
Phone:	E-Mail Address:				
VII. CURRENT MONTHLY REVENUE.					
Gross Revenue: \$	Total Expenses: \$				
VIII. 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: \$					
IX. CURRENT LIABILITIES.					
Accounts Payable \$					
Notes Payable to Banks \$					
Auto Payments \$		_			
Other Installment Accounts	s \$		_		
Loans on Life Insurance \$					
Mortgages on Real Estate	\$		-		
Unpaid Taxes \$					
Other Liabilities		\$			
Other Liabilities		\$			
Other Liabilities		\$			
Total Liabilities \$		_			
X. BANKING REFERENCES.					
1 st Account Bank Name			_ Phone _		
Bank Address					
Account Number		Туре	e □ - Check	ing □ - Saviı	ngs

2 nd Account Bank Name	Phone
Bank Address	
Account Number	Type □ - Checking □ - Savings
XI. 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 i	investigate the accuracy of the information
contained in the application. I/We further	er authorize all banks, employers, creditors,
credit card companies, references, and	d any and all other persons to provide to Landlord
any and all information concerning my/	our credit.
Tenant Signature	Date
Tenant Signature	Date