

COMMERCIAL LEASE APPLICATION

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

I. OCCUPANT(S)

Company _____
Address (Main Office) _____
Number Street City State Zip
DBA _____ Sole Prop Partnership Corp. LLC
Corp. No. _____ Year Established _____
Incorporating State _____
Tax ID# _____ Number of Employees _____
Type of Business _____
Gross Annual Revenue _____
Contact Person _____ Title _____
Phone # (____) _____ Fax # (____) _____

II. COMMERCIAL RENTAL HISTORY (No Less Than Four 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 # (____) _____

III. BANKING REFERENCE

Business
Name _____ Contact _____
Phone # (____) _____
Address _____
Number Street City State Zip
Account # _____ Checking _____ Savings _____
Balance _____
Business
Name _____ Contact _____
Phone # (____) _____
Address _____
Number Street City State Zip
Account # _____ Checking _____ Savings _____
Balance _____

IV. BANKING REFERENCE (CONT.)

Business

Name _____ Contact _____

Phone # () _____

Address _____
Number Street City State Zip

Account # _____ Checking _____ Savings _____

Balance _____

Personal

Name _____ Contact _____

Phone # () _____

Address _____
Number Street City State Zip

Account # _____ Checking _____ Savings _____

Balance _____

Personal

Name _____ Contact _____

Phone # () _____

Address _____
Number Street City State Zip

Account # _____ Checking _____ Savings _____

Balance _____

Personal

Name _____ Contact _____

Phone # () _____

Address _____
Number Street City State Zip

Account # _____ Checking _____ Savings _____

Balance _____

Brokerage

Name _____ Contact _____

Phone # _____

Address _____
Number Street City State Zip

Account # _____ Balance _____

IV. BANKING REFERENCE (CONT.)

Brokerage

Name _____ Contact _____

Phone # (____) _____

Address _____
Number Street City State Zip

Account # _____ Balance _____

V. OTHER INFORMATION

THE PRINCIPALS

1) _____ Title _____

Last First Middle
Social Security # _____ Date of Birth _____

Driver's License# _____ Gross Annual Income _____

Residence _____
Number Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse Information:

Name _____ Date of Birth _____

Social Security # _____ Driver's License # _____

2) _____ Title _____

Last First Middle
Social Security # _____ Date of Birth _____

Driver's License# _____ Gross Annual Income _____

Residence _____
Number Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse Information:

Name _____ Date of Birth _____

Social Security # _____ Driver's License # _____

3) _____ Title _____

Last First Middle
Social Security # _____ Date of Birth _____

Driver's License# _____ Gross Annual Income _____

Residence _____
Number Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

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3) Spouse Information:

Name _____ Date of Birth _____

Social Security # _____ Driver's License # _____

VI. 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 _____

VII. LIABILITIES

Please attach a separate sheet for each person which lists all liabilities. Please list the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Please state monthly payment and months left to pay as well as unpaid balance.

VIII. OTHER INFORMATION

In the past, have you been delinquent in paying rent or other financial obligations? If Yes, Explain: _____

Have you ever been Evicted? Yes No If Yes, Explain: _____

Are there any outstanding judgments against you? Yes No If Yes, Explain: _____

Are you a party to any lawsuits? Yes No If Yes, Explain: _____

Are you co-maker or endorser on a note? Yes No If Yes, Explain: _____

IX. REAL ESTATE OWNED

1) Address _____

Number Street City State Zip

Present Market Value _____ Amount of Mortgage _____

Gross Rental Income _____

Insurance _____ Taxes _____ Misc. _____

Type of Property _____

Owner _____

Mortgage Co. _____ Phone # (_____)

2) Address _____

Number Street City State Zip

Present Market Value _____ Amount of Mortgage _____

Gross Rental Income _____

Insurance _____ Taxes _____ Misc. _____

Type of Property _____

Owner _____

Mortgage Co. _____ Phone # (_____)

3) Address _____

Number Street City State Zip

Present Market Value _____ Amount of Mortgage _____

Gross Rental Income _____

Insurance _____ Taxes _____ Misc. _____

Type of Property _____

Owner _____

Mortgage Co. _____ Phone # (_____)

AUTHORIZATION

I/We certify the information is true and accurate. I/We hereby authorize _____
_____ to obtain a consumer credit report and/or investigative report on myself/ourselves, our
company and/or its principals from any firm acting on behalf of _____.
I understand that such information may be derived in whole or in part from Experian, Equifax,
Trans Union or other credit and public record providers.

1) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Driver's License# _____

Spouse Information:

Name _____ Date of Birth _____

Social Security # _____ Driver's License # _____

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____

2) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Driver's License# _____

Spouse Information:

Name _____ Date of Birth _____

Social Security # _____ Driver's License # _____

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____