

COMMERCIAL RENTAL APPLICATION FORM

Property Applying for _____ Move In: ___ / ___ / ___

Company Name _____

Principal's Name _____

Business Address _____ City _____ St _____ Zip _____

Phone # () _____ Fax # () _____

Alternate Business Name(s) _____

Alternate Business Address _____ City _____ St _____ Zip _____

Please Choose One: Corporation Partnership Sole Proprietor or Other

Years in business _____ Annual Sales/Revenue _____

Type of business (retail, restaurant, etc.) _____

Description of business activities _____

PERSONAL INFORMATION:

Full Name _____

Address _____ City _____ St _____ Zip _____

Phone#() _____ Fax#() _____

Social Security # _____ Date of Birth: _____

Address _____ City _____ St _____ Zip _____

Phone#() _____ Fax#() _____

BANK REFERENCE

Name of Bank _____ Contact Name _____

Address _____ City _____ St _____ Zip _____

Phone#() _____ Fax#() _____ Account# _____

Name of Bank _____ Contact Name _____

Address _____ City _____ St _____ Zip _____

Phone#() _____ Fax#() _____ Account# _____

I/We confirm that all the information I/we have supplied is true and correct. I/we understand that I/we can be turned down for the property if I/we have falsified any information on this application. I/we hereby authorize the verification of all above information property owner including a credit and background check. This application does not constitute a contract, lease or agreement for space. I hereby agree to pay a \$50.00 fee for this credit and criminal background check.

COMPANY NAME _____

BY: _____ **DATE** _____
(Authorized signature)