



**LEASE APPLICATION
(Please Print)**

TODAY'S DATE: _____

LEASING ENTITY

(Name of Individual, Partnership or Corporation as it would appear on the Lease)

- Corporation:** Articles of Incorporation must be provided and 2 years Annual Reports or Corporate Tax Returns.
- Partnership:** Partnership Agreement must be provided and Individual Partners' Current Personal Financial Statement and 2 Years Personal Tax Returns.
- Individual Sole Proprietor or, Other:** Personal Balance Sheet and 2 Years Personal Tax Returns must be provided.

State of Incorporation/Partnership Information: _____ Date Established: _____
Federal Tax I.D.# _____

DBA: _____

Local Business Ph: _____ Corporate Ph: _____ Emergency After Hours Ph: _____

(Business Email Address) _____ (Company Website - if available) _____

Full Description of Intended Use: _____

Who will be the Principle(s) - General Partner(s) - Individual(s) signing the Lease: (Please attach resolution authorizing non-partner/principal signatures)

1) _____
First/M.I./Last

2) _____
First/M.I./Last

Title: _____

Title: _____

Personal Information: Home Address: _____ City: _____ St. _____ Zip: _____ SS#: _____ DOB: _____ Email Address: _____ Married: _____ Single: _____ Name of Spouse: _____ Rent: _____ Own: _____ Years at this Location: _____ Home Phone #: _____ Name/Telephone of Residence Landlord/Mortgage Company _____ _____	Home Address: _____ City: _____ St. _____ Zip: _____ SS#: _____ DOB: _____ Email Address: _____ Married: _____ Single: _____ Name of Spouse: _____ Rent: _____ Own: _____ Years at this Location: _____ Home Phone #: _____ Name/Telephone of Residence Landlord/Mortgage Company _____ _____
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Present Business Address:

Previous Business Address:

Years at this Location: _____

Years at this Location: _____



If you are currently leasing or have recently leased commercial space, we would like to contact the Landlord as a reference. If this is acceptable, please provide the following:

 (Person to Contact & Title) _____
 (Telephone #)

 (Address of Leased Premises)

Company brochure and articles or segments of your business plan are always appreciated for further evaluating your firm.

of Employees _____ SIC Code _____

of Needed Parking Spaces _____ Any overnight parking (Y/N) _____

Bank(s) _____ Account # _____

Contact Name: _____ Phone # _____

PLEASE LIST ANY AND ALL HAZARDOUS SUBSTANCES THAT WILL BE INSIDE PREMISES AND APPROXIMATE AMOUNTS.

Credit References - Name, Address, Phone Number

1. _____
2. _____
3. _____
4. _____
5. _____

Trade References - Name, Address, Phone Number

- | | |
|----------|--|
| 1. _____ | <input type="checkbox"/> Open
<input type="checkbox"/> Closed |
| 2. _____ | <input type="checkbox"/> Open
<input type="checkbox"/> Closed |
| 3. _____ | <input type="checkbox"/> Open
<input type="checkbox"/> Closed |
| 4. _____ | <input type="checkbox"/> Open
<input type="checkbox"/> Closed |

I hereby give the above references, experian (CCR), and Dunn & Bradstreet permission to provide financial and credit information, financial or written (via fax or mail) to the owner of the property, which I am now negotiating to lease. The understood hereby waives any privacy of credit information rights or regulations.

SIGNATURE

Print Name _____

Title _____

Date _____

SIGNATURE

Print Name _____

Title _____

Date _____