

STANDARD APPLICATION FOR LEASE

Location Desired: _____

Street

City

Firm Name: _____ Phone: _____ Fax: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Description of Business: _____ Length of time in Business: _____

Landlord or Management Co.: _____ Contact: _____ Phone: _____

Address of Landlord: _____ City: _____ State: _____ Zip: _____ Length of Tenancy: _____

Type of Business: Corporation: (State of Incorporation: _____) Partnership: Sole Proprietor:

BANK / SAVINGS ACCOUNTS

Name of Bank/ Savings & Loan	Address	Account #	Phone	Fax	How Long
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MAJOR CREDIT OR TRADE REFERENCES

Name of Creditor	Address	City	State	Zip	Phone	Fax
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HAZARDOUS MATERIALS

Do you use or store any hazardous materials? YES NO

If yes, what are they and how do you store them? _____

(TO BE COMPLETED BY PERSONAL GUARANTOR, ALL PARTNERS OR SOLE PROPRIETOR)

1. _____ () _____
Last Name First Name Middle Initial Area Code Telephone

Home Address City State Zip Own or Rent How Long

Social Security # _____ Driver License # _____ State of License _____

In Case of an Emergency Notify _____
Name Relationship Address Phone

The undersigned applicant agrees that this application and the facts stated in it are true and correct and a part of the Lease. If any of the Information is false, the Lease based on this application may be terminated by the Landlord at any time. Applicant specifically authorizes the Landlord to obtain credit reports pursuant to this application at any time at Landlord's expense, as well as verifying any other information in this application.

SIGNATURE _____ **DATE:** _____

2. _____ () _____
Last Name First Name Middle Initial Area Code Telephone

Home Address City State Zip Own or Rent How Long

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