



STANDARD APPLICATION FOR LEASE

LOCATION DESIRED: _____
STREET CITY

CURRENT INFORMATION:

Firm Name: _____

Address: _____
STREET CITY STATE ZIP

Bus. Phone: _____ Bus. Fax: _____ Website: _____

Description of Business: _____

Length of time in Business: _____ Type of Business: Corporation Partnership Sole Proprietorship
(State of Incorporation: _____)

CURRENT LANDLORD:

Landlord or Management Co.: _____ Length of Tenancy: _____

Address: _____
STREET CITY STATE ZIP

Bus. Phone: _____ Bus. Fax: _____ Website: _____

BANK / SAVINGS ACCOUNTS

Please use additional pages if necessary

Name of Bank/ Savings & Loan	City & State	Account #	Phone	Fax	How Long
_____	_____	_____	() ()	() ()	_____
_____	_____	_____	() ()	() ()	_____

MAJOR CREDIT OR TRADE REFERENCES

Please use additional pages if necessary

Name of Creditor	Address	City	State	Zip	Phone	Fax
_____	_____	_____	_____	_____	() ()	() ()
_____	_____	_____	_____	_____	() ()	() ()
_____	_____	_____	_____	_____	() ()	() ()

HAZARDOUS MATERIALS

Do you use &/or store any hazardous materials? YES NO

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

THIS SECTION TO BE COMPLETED BY: PERSONAL GUARANTOR, ALL PARTNERS, OR SOLE PROPRIETOR

Please Checkmark to indicate if additional page(s) is/are attached

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: _____



STANDARD APPLICATION FOR LEASE SUPPLEMENTAL INFORMATION

LOCATION DESIRED: _____
STREET CITY

CURRENT INFORMATION:
Firm Name: _____

BANK / SAVINGS ACCOUNTS - Continued

Name of Bank/ Savings & Loan	City & State	Account #	Phone	Fax	How Long
_____	_____	_____	()	()	_____
_____	_____	_____	()	()	_____

MAJOR CREDIT OR TRADE REFERENCES - Continued

Name of Creditor	Address	City	State	Zip	Phone	Fax
_____	_____	_____	_____	_____	()	()
_____	_____	_____	_____	_____	()	()

THIS SECTION TO BE COMPLETED BY: PERSONAL GUARANTOR, ALL PARTNERS, OR SOLE PROPRIETOR

2 _____ () -
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: _____
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