

STANDARD APPLICATION FOR LEASE

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LOCATION DESIRED:				OUTV		
CURRENT INFORMATION:	TREET			CITY		
Address:						
STREET		CITY		STATE	ZIP	
Bus. Phone:	Bus. Fax:		Website:	:		
Description of Business:						
Length of time in Business:		Type of Business:			nership Sol	e Proprietorship
CURRENT LANDLORD:			(State of III	corporation.		
Landlord or Management Co.:				Length of	Tenancy:	
Address:		CITY		STATE	ZIP	
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bus. Priorie.	bus. rax		vvebsite.			
BANK / SAVINGS ACCOUN	TS			Please us	se additional page	es if necessary
Name of Bank/						
Savings & Loan City & S	State /	Account #	Phone		Fax	How Long
			()		()	
			()			
MAJOR CREDIT OR TRADE	REFERE	NCES		Please us	se additional page	es if necessary
Name of Creditor Address	5	City	State	Zip	Phone	Fax
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HAZARDOUS MATERIALS	ı	Do you use &/or sto	oro ony hozor	daua mata	riolo?	
	L	Ju you use a/or sit	ore arry mazar	uous male	rials? YES	□NO
			,			
If yes, what are they, and how o		them?				
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		them?	,			
If yes, what are they, and how o	do you store			PARTNER	S, OR SOLE PR	POPRIETOR
	do you store	ERSONAL GUARA		PARTNER	S, OR SOLE PR	POPRIETOR
If yes, what are they, and how of the section to be completed.	do you store	ERSONAL GUARA		PARTNER	es, or sole pr	POPRIETOR -
If yes, what are they, and how of the section to be completed. THIS SECTION TO BE COMPLETED. Please Checkmark to indicate if additional contents.	do you store TED BY: PE tional page(s) is	ERSONAL GUARA		PARTNER	()	POPRIETOR - elephone
THIS SECTION TO BE COMPLET Please Checkmark to indicate if addit	do you store TED BY: PE tional page(s) is	ERSONAL GUARA /are attached		PARTNER	()	-
THIS SECTION TO BE COMPLET Please Checkmark to indicate if addit Last Name First Name Home Address	TED BY: PE	ERSONAL GUARA /are attached Middle Initial	ANTOR, ALL State	_	Area Code To	elephone How Long
If yes, what are they, and how of the second	TED BY: PE	ERSONAL GUARA /are attached	ANTOR, ALL State	_	Area Code Te	elephone How Long
THIS SECTION TO BE COMPLET Please Checkmark to indicate if addit Last Name First Name Home Address Social Security # In Case of an Emergency Notify:	TED BY: PE	ERSONAL GUARA /are attached Middle Initial Driver License #	ANTOR, ALL State	– Zip	Area Code To	elephone How Long See
THIS SECTION TO BE COMPLET Please Checkmark to indicate if addit Last Name First Name Home Address Social Security # In Case of an Emergency Notify:	TED BY: PE tional page(s) is e City	FRSONAL GUARA /are attached Middle Initial Driver License #	State	Zip	Area Code To Own or Rent State of Licens	How Long Se
THIS SECTION TO BE COMPLET Please Checkmark to indicate if addit Last Name First Name Home Address Social Security # In Case of an Emergency Notify:	TED BY: PE tional page(s) is e City Name application and the	ERSONAL GUARA I/are attached Middle Initial Driver License # Relationship the facts stated in it are truit any time. Applicant spec	State e and correct and a diffically authorizes the	Zip Address a part of the Le	Area Code To Own or Rent State of Licens ase. If any of the Inform	How Long Se Phone antion is false, the Lease



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SUPLEMENTAL INFORMATION

LOCATION DESIRE						
CURRENT INFORM Firm Name:	STREET ATION:			CITY		
BANK / SAVING	S ACCOUNTS - C	Continued				
Name of Bank/ Savings & Loan	City & State	Account #	Phone		Fax	How Long
<u> </u>	,		()	()	J
MAJOR CREDIT	OR TRADE REF	ERENCES - Continu	ued			
Name of Creditor	Address	City	State	Zip	Phone	Fax
					()	()
					()	()
Home Address Social Security #		City Driver License #		Zip	Own or Rent How Long State of License	
In Case of an Emer	gency Notify:				State of Lice	
based on this application any time at Landlord's ex	may be terminated by the Lan pense, as well as verifying any	Relationship and the facts stated in it are true idlord at any time. Applicant specif other information in this application	and correct a fically authorize	es the Landlord to	obtain credit reports p	
Last Name	First Name	Middle Initial			Area Code	Telephone
	Tilotivano				7 ii da Gode	
Home Address		City	State	Zip	Own or Rent	How Long
Social Security #		Driver License #		State of License		ense
In Case of an Emer	rgency Notify:	Relationship		Address		Phone
based on this application	may be terminated by the Lan	and the facts stated in it are true dlord at any time. Applicant specif other information in this application	ically authorize			
SIGNATURE: _				DA	NTE:	