



STANDARD APPLICATION FOR LEASE

Location Desired: _____
Street City

Applicant Name (Firm/Personal): _____

Current Business Address: _____ City/State/Zip: _____

Email Address: _____ Phone: _____ Fax: _____

Description of Business: _____

Type of Business: Corporation LLC Individual(s)
If Corp/LLC, Type of Corporation: _____ State of Incorporation: _____
 Partnership: General / Limited Fed. Tax ID#: _____
 Sole Proprietorship # of yrs in Business: _____

Current Business Landlord: _____ OK to Contact?: Yes No

Bus. Landlord Contact Name: _____ Phone/Email: _____

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

Length of Tenancy _____ Current Premises Size: _____ Current Rent/Mo.: \$ _____

BANK / SAVINGS ACCOUNTS

Name of Bank/ Savings & Loan	Address	Account #	Phone	Fax	How Long

MAJOR CREDIT OR TRADE REFERENCES

Company Name	Contact Name	Phone	Fax/Email
1. _____			
2. _____			
3. _____			

Please contact the above references and ask them to respond to the forthcoming inquiry ASAP. Thank you.

HAZARDOUS MATERIALS

Do you use, store, &/or distribute any Hazardous Materials? No Yes
If yes, what are they and how do you handle and store them? _____

PERSONAL INFORMATION

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

1. Personal Name (first, full middle name, last) _____

Tel: (_____) _____ Mobile Home Email: _____

Res. Address: _____ City/State/Zip: _____

Own/Rent? _____ How Long? _____ Ever filed Bankruptcy?: _____

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. Personal Name (first, full middle name, last) _____

Tel: (_____) _____ Mobile Home Email: _____

Res. Address: _____ City/State/Zip: _____

Own/Rent? _____ How Long? _____ Ever filed Bankruptcy?: _____

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

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SIGNATURE _____ DATE: _____