

COMMERCIAL LEASE APPLICATION

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BUSINESS INFORMATION:

Business Nam	e		Tax ID No:	Date Established
Business Addr	ess		Tel No:	Date from – to:
Type of Business		Type of Ownership: Other		
Retail	Wholesale	Other	Partnership Corp	oration Individual

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APPLICANT INFORMATION:

Applicant Name:		Tel No:	Social Security	Date of Birth	Driver's License	
Co-Applicant Name		Tel No:	Social Security No:	Date of Birth	Driver's License	
Current Residence: Own:	Dont	Rent or	Previous Residence:			
City:	Rent State:	Zip:	City: State:	Zip:		
City.	State.	Ζιρ.	City. State.	Ζιρ.		
Amount of Rent/Mortgage Paid			Amount of Rent/Mortgage Paid How long at address:			
Name of Landlord or Mortgage Company:			Name of Landlord or Mortgage Company:			
Manager. Phone Numbe	er:		Home Phone:	Cell Phone:	E-mail:	

CREDIT INFORMATION: Please list business references that you have purchased from on an open account basis (No C.O.D.)

Name:	Address/Tel No:	Account No:
Name:	Address/Tel No:	Account No:
Name:	Address/Tel No:	Account No:
Name:	Address/Tel No:	Account No:

PERSONAL REFERENCE:

Name	Address/City	Phone Number	Relationship	Time Known

Applicant represents that statements made are true and correct and here by authorizes verification of references to include but not limited to credit checks, unlawful detainer checks & credit checks and agrees to furnish additional credit references on request. I authorize verification of the information contained herein solely for the purpose of establishing my qualifications as a tenant. I release anyone verifying such information or providing information, from liability. I understand that incomplete or incorrect information provided in the application, may cause a delay in processing and can result in denial of tenancy.

Date

Applicant Signature:

email:

Applicant Signature: email: (Please complete in detail. Return signed application with \$30 for credit report).