COMMERCIAL LEASE APPLICATION

I. THE LANDLORD.	
Landlord/Lessor:	Date:
Property Address:	
Square Feet (SF):	Property Name (if any):
II. THE BUSINESS.	
Business Name:	
Principal Office Address:	
Phone Number:	_ E-Mail Address:
Type of Entity: \square - LLC \square - Corpor	ation □ - Partnership □ - Other
State of Incorporation:	
Federal TAX ID Number (FEIN):	
Business Type:	_ (e.g. "pharmacy", "convenience store", etc.)
III. THE TENANT.	
Owner/Principal:	
Ownership Percentage: %	
Title: \square - President \square - CEO \square - V	ice President □ - Other
Driver's License Number:	State:
Issued Date:E	xpiration Date:
Social Security Number (SSN):	
2 nd Owner/Principal:	



Ownership Percentage: %
Title: □ - President □ - CEO □ - Vice President □ - Other
Driver's License Number: State:
Issued Date: Expiration Date:
Social Security Number (SSN):
IV. LEASE GUARANTEE.
Name(s) of the Person(s) that will Guarantee the Lease:
Person 1:
Person 2:
V. RENTAL HISTORY.
Present Address:
Rent: \$/ Month \square - Rent \square - Own \square - Other
If Renting, Name of Landlord: Phone:
Previous Address:
Rent: \$ / Month □ - Rent □ - Own □ - Other
If Rented, Name of Landlord: Phone:
Previous Address:
Rent: \$ / Month □ - Rent □ - Own □ - Other
If Rented, Name of Landlord: Phone:
Previous Address:



VI. CREDIT REFERENCE. (Former Landlord, Bank, Vendor, etc.)

1st Reference:				
	E-Mail Address:			
2 nd Reference:				
Address:				
Phone:	E-Mail Address:			
3 rd Reference:				
Address:				
Phone:	E-Mail Address:			
VII. CURRENT MONTHLY REVENUE.				
Gross Revenue: \$	Total Expenses: \$			
VIII. CURRENT ASSETS.				
Cash on Hand & in Banks \$				
Savings Accounts \$				
IRA/Retirement Accounts \$				
Accounts Receivable \$				
Insurance Cash Surrender \$				
Stocks & Bonds \$				
Real Estate \$				



Vehicles \$		
Other Personal Property	\$	
Other	\$	
Other	\$	
Other	\$	
Total Assets: \$		
IX. CURRENT LIABILITI	ES.	
Accounts Payable \$		_
Notes Payable to Banks	\$	
Auto Payments \$		
Other Installment Accoun	nts \$	
Loans on Life Insurance	\$	
Mortgages on Real Estat	e \$	
Unpaid Taxes \$		
Other Liabilities	\$_	
Other Liabilities	\$_	
Other Liabilities	\$_	
Total Liabilities \$		
X. BANKING REFEREN	CES.	
1 st Account Bank Name _		Phone
Bank Address		
Account Number		Type □ - Checking □ - Savings



Pnone
Type □ - Checking □ - Savings
, the undersigned applicant(s) authorize the
, or his/her/their agent to order and review
investigate the accuracy of the information
er authorize all banks, employers, creditors,
d any and all other persons to provide to Landlord
our credit.
Date
Date