COMMERCIAL RENTAL APPLICATION

I. LANDLORD INFORMATION

Landlord/Lessor:	Date:			
	Phone: ()			
	Property Name (if any):			
II. BUSINESS INFORMATION				
Duoinaga Nama:				
Dringing Office Address:				
Phone: (C mail Address:			
	E-mail Address:			
Parent Company Name (if any):				
Parent Company Address (if any):				
Type of Entity:				
☐ Sole Proprietor				
☐ LLC				
☐ Corporation				
☐ Partnership				
☐ Other				
Old of the control	E. L. and TAX ID (((EEIA))			
State of Incorporation:				
Years in Business:				
	(e.g. "financial services", "retail sales", etc.)			
Description of Operations and Services.				
Ownership Percentage: %				
Title: ☐ President				
☐ CEO				
☐ Vice President				
☐ Other				
Home Phone: ()				
Driver's License Number:	Date of Birth:			
Date of Birth:				
Email Address (Optional):				
Home Address:				
2nd Owner/Principal Name:				
Ownership Percentage: %				
Title:				
□ President				
□ CEO				
☐ Vice President				
☐ Other				
Home Phone: ()	Work Phone: ()			

Driver's License Number:	Date of Birth:		
Date of Birth:			
Email Address (Optional):			
3 rd Owner/Principal Name:			
Ownership Percentage: %			
Title:			
☐ President			
□ CEO			
☐ Vice President			
☐ Other			
Home Phone: ()	Work Phone: ()		
Driver's License Number:			
Date of Birth:			
Email Address (Optional):	Social Security Number (SSIV)		
Home Addiess.			
IV. RENTAL HISTORY			
THE THOUSE THE POINT			
Present Address:			
	☐ Own ☐ Other		
ii Renting, Name of Landiord:	Phone: ()		
Provious Address:			
	□ Own □ Other		
If Renting, Name of Landlord:	Phone: ()		
Previous Address:			
Rent \$/ Month \square Rent	□ Own □ Other		
If Renting, Name of Landlord:	Phone: ()		
V. BANKING INFORMATION			
	Phone: ()		
Address: City:	State: Zip:		
Account Number:	Account Type: ☐ Checking ☐ Savings		
2 nd Banking Institution:	Phone: ()		
Address: Citv:	State: Zip:		
Account Number:			
Account Number.	/totalit type. 🗀 officially 🗀 saviligs		
VI. CREDIT REFERENCES			
List industry references from which you make purcha	ases through credit accounts		
List industry references from which you make purch	ases unough orean accounts.		
Company Name:	Contact Name:		
Address:			
/ NGGI 033.			
Company Name:	Contact Name:		
Address:	Phone: ()		
, 1001 000.			

VII. FINANCIAL STATUS Monthly Gross Revenue: Monthly Expenses: **Current Assets Current Liabilities** Cash on Hand & in Banks Accounts Payable Savings Accounts Notes Payable to Banks **IRA/Retirement Accounts** Automobile Payments Accounts Receivable Other Installment Accounts Insurance Cash Surrender Mortgages on Real Estate Loans on Life Insurance Stocks & Bonds Real Estate **Unpaid Taxes**

Vehicles	\$	Other ()	
Other () \$	Other () \$	
Other () \$	Other () \$	<u> </u>
VIII. LEASE GUARAN	TEE			
Name(s) of the Person((s) that will Guarantee the	e Lease:		
Person 1:				
Person 2:				
IX. LEASEHOLD IMPR	OVEMENTS			
List any real property le	easehold improvements t	hat you require for the rental pre	nises.	
X. AUTHORIZATIONS				
I/We,			, the undersigned applicant(s)	do hereby
		application is true, accurate and		
		's authorized agent to investigate		
		credit status of the applicant's su	-	
	• •	card companies, references, and	any and all other persons to	provide to
Landlord any and all inf	formation concerning my	our credit.		
Tenant Signature		Date		
Tonant Signature		Date		