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: □ - LLC □ - Corpora	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: □ - President □ - CEO □ - Vi	ce President □ - Other
Driver's License Number:	State:
Issued Date: E	Expiration Date:
Social Security Number (SSN):	
2 nd Owner/Principal:	

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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 □ - Rent □ - Own □ - 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:

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

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

Other Personal Property \$					
Other	\$				
Other	\$				
Other	\$				
Total Assets: \$					
IX. CURRENT LIABILITIE	S.				
Accounts Payable \$					
Notes Payable to Banks \$_					
Auto Payments \$		_			
Other Installment Accounts	s \$		_		
Loans on Life Insurance \$_					
Mortgages on Real Estate	\$				
Unpaid Taxes \$					
Other Liabilities		\$			
Other Liabilities		\$			
Other Liabilities		\$			
Total Liabilities \$		-			
X. BANKING REFERENC	ES.				
1 st Account Bank Name			_ Phone _		
Bank Address					
Account Number		Type	□ - Checl	kina □ - Sa	avinas

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2 nd Account Bank Name	Pnone
Bank Address	
Account Number	Type □ - Checking □ - Savings
XI. CONSENT.	
I/We,	_, the undersigned applicant(s) authorize the
Landlord,	, or his/her/their agent to order and review
my/our credit and criminal history and	I investigate the accuracy of the information
contained in the application. I/We furt	her authorize all banks, employers, creditors,
credit card companies, references, ar	nd any and all other persons to provide to Landlord
any and all information concerning m	y/our credit.
Tenant Signature	Date
Tenant Signature	Date