COMMERCIAL LEASE APPLICATION

# THE LANDLORD.

Landlord/Lessor: Date:

Property Address:

Square Feet (SF): Property Name (if any):

# THE BUSINESS.

Business Name:

Principal Office Address:

Phone Number: E-Mail Address:

Type of Entity: ☐ - LLC ☐ - Corporation ☐ - Partnership ☐ - Other

State of Incorporation:

Federal TAX ID Number (FEIN):

Business Type: (e.g. “pharmacy”, “convenience store”, etc.)

# THE TENANT.

Owner/Principal:

Ownership Percentage: %

Title: ☐ - President ☐ - CEO ☐ - Vice President ☐ - Other

Driver’s License Number: State:

Issued Date: Expiration Date:

Social Security Number (SSN):

2nd Owner/Principal:

Ownership Percentage: %

Title: ☐ - President ☐ - CEO ☐ - Vice President ☐ - Other

Driver’s License Number: State:

Issued Date: Expiration Date:

Social Security Number (SSN):

# LEASE GUARANTEE.

Name(s) of the Person(s) that will Guarantee the Lease:

Person 1:

Person 2:

# 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:

1. **CREDIT REFERENCE**. (Former Landlord, Bank, Vendor, etc.)

1st Reference:

Address:

Phone: E-Mail Address:

2nd Reference:

Address:

Phone: E-Mail Address:

3rd Reference:

Address:

Phone: E-Mail Address:

# CURRENT MONTHLY REVENUE.

Gross Revenue: $ Total Expenses: $

# 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: $

# CURRENT LIABILITIES.

Accounts Payable $

Notes Payable to Banks $

Auto Payments $

Other Installment Accounts $

Loans on Life Insurance $

Mortgages on Real Estate $

Unpaid Taxes $

Other Liabilities $

Other Liabilities $

Other Liabilities $

Total Liabilities $

# BANKING REFERENCES.

1st Account Bank Name Phone

Bank Address Account Number Type ☐ - Checking ☐ - Savings

2nd Account Bank Name Phone

Bank Address Account Number Type ☐ - Checking ☐ - Savings

# 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 investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Tenant Signature Date

Tenant Signature Date