

# Application for Business Rental

Failure to fill in ALL portions may result in a negative response.

## Type of Business

C Corporation	Sole Proprietor	Non-Profit
S Corporation	Gen. Partnership	Ind. Trust
Lim. Liab. Co.	Lim. Partnership	Corp. Trust

Business & Corporate Information

Name of Business (DBA)		Legal Business Name		
Attach a copy of Legal Documentation - Articles of Incorporation, Business License, Partnership Agreement, etc..				
Physical Address <small>DO NOT ENTER A P O BOX</small>		City	State	Zip
Mailing Address <small>If Different than physical</small>		City	State	Zip
Business Phone	Alternative Phone	E-Mail Address		
What state is the business headquartered in		Age of Business	Years	Months
EIN <small>DO NOT ENTER A Social Security Number</small>	Business Type	No. of Anticipated Employees		
Detailed Description of Anticipated Operation				

Lease References

Current MGMT Co.	Phone	Agent
Former Business Address	City	State Zip
Management Co.	Phone	Agent
Former Business Address	City	State Zip
Management Co.	Phone	Agent

Credit References

YOU MUST LIST A MINIMUM OF 3 Credit References (Bank, Charge Accounts, Finance Company)

Business Name	Phone
Account No.	Length of Account
Business Name	Phone
Account No.	Length of Account
Business Name	Phone
Account No.	Length of Account
Business Name	Phone
Account No.	Length of Account
Business Name	Phone
Account No.	Length of Account

Enter ALL individuals and/or entities who hold an Ownership / Partnership / Managerial Interest in this Business

Full Name <small>Include MIDDLE, FORMER &amp; MAIDEN Names</small>	Social Security Number
	Date of Birth
Home Address	City <span style="float: right;">State      Zip</span>

Full Name <small>Include MIDDLE, FORMER &amp; MAIDEN Names</small>	Social Security Number
	Date of Birth
Home Address	City <span style="float: right;">State      Zip</span>

Full Name <small>Include MIDDLE, FORMER &amp; MAIDEN Names</small>	Social Security Number
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Full Name <small>Include MIDDLE, FORMER &amp; MAIDEN Names</small>	Social Security Number
	Date of Birth
Home Address	City <span style="float: right;">State      Zip</span>

**Please attach proof of business income in the form of tax returns, Profit/Loss Statements, Balance Sheets, Income Statements and/or Bank Statements. Documents provided must encompass a period of two (2) years. New businesses must provide proof of funds available to establish financial stability and ability to cover lease payments.**

**DRIVER'S LICENSE OR STATE PHOTO IDENTIFICATION IS MANDATORY AT TIME OF APPLICATION**

I/We the undersigned, offer the foregoing information for the purposes of verification to qualify this application. I/We the undersigned, do hereby authorize Employment, References, Living – Criminal – Credit checks to be conducted from: sources which could attest to my creditability, suitability and worthiness; Consumer Reporting Agencies & Credit Bureaus. I/We the undersigned, do hereby warrant and represent that all statement contained herein are true and correct to your knowledge and belief. If any statement or writing contained herein is not true, or applicant chooses to withdraw this application for any reason, the deposit will be applied to rent or actual damages sustained by the owner, except that the deposit will be fully refunded if this application is not accepted by the owner for reason other than listed above. In addition, I/We the undersigned, do hereby authorize the landlord/property manager/ owner can report our names and information to the appropriate Consumer Reporting Agency. This application may also be released to any company, agency or service upon request.

Today's Date

Signature

Signature

Signature

Signature