

Application to Lease Commercial Space (Please make sure ALL sections are completed)

Applying Fo	r:				
Unit no	Located at		Lease Amt	Per	
How did you h	ear about the pro	perty?			
Desired Move-in-date?		Ar	Anticipated Length of Lease:		
Business Inf	ormation:				
Leasing As (<i>Ple</i>	ease check box):	CORPORATION	PARTNERSHIP		JAL(S)
Full Legal Nam	ne of Business:				
Nature of Busi	ness:				
Years in Busin	ears in Business: Fed. Tax no:		Contact person		
Business Tel. #	t:				
Business Re	ntal History: (If r	no business history, pu	t N/A)		
Current Addre	SS:				
	Street		City To:		Zip
Lessor:		_Tel:	Reason for leav	ring:	
Previous Addr	ess:				
	Street		City To:	State Rent paid:	Zip
Lessor:		_Tel:	Reason for leavir	ng:	
References:					
Name of Bank	:		Acct #:		
Name of Bank	Contact Person:		Tel #:		
Trade Referen	ce:		Tel #:		
Duns #:					
Emergency (
Name:	Name:		Relationship:		
A -l -l		Phone ()_			

Principals (Offices of the Corporation):

<u>Please attach Articles of Incorporation and a letterhead authorizing officers to execute a lease agreement.</u>

1. Name:		Title:
Last First	Middle	
Social Security #:	Driver's Lic #:	State:
Birthdate:		
Cell phone #:	Email:	
Resident Address:		
Street Length of Tenancy? From (Month/Year):	City To:	State Zip Rent paid:
Lessor (Landlord):	Tel #:	
2. Name:		Title:
2. Name: Last First	Middle	
Social Security #:	Driver's Lic #:	State:
Birthdate:		
Cell phone #:	Email:	
Resident Address:		
Street Length of Tenancy? From (Month/Year):	City To:	State Zip Rent paid:
Lessor (Landlord):		
Ecosor (tandord).	TCI III	
Additional Business Information:		
 Have you or the corporation ever had cree Have you or the corporation ever had an If yes, please explain: Have you or the corporation ever been explain ever filed for the corporation ever had cree ever had cree ever had cree ever had cree ever had an an	unlawful detainer filed against y victed for non-payment of rent for	
In connection with my application for the inquires will be made on the corporation business, and other reports. I authorize agency contacted, to furnish completely information and any information related hold harmless all requesters and supplies	n and/or the officers of the cor Ernst and Haas Management C and without limitation, any ar I thereto. Further I will release	poration including consumer, o. without reservation, any party on and all of the above mention from liability and will defend and
Applicant's Signature:		Date: