



APPLICATION FOR COMMERCIAL/OFFICE TENANCY

Office Use Only : Name of Property: \_\_\_\_\_ Date \_\_\_\_\_
Property Address: \_\_\_\_\_

Company / Corporation Name \_\_\_\_\_
Type of entity (D.BA., L.L.C., Corp. etc.) \_\_\_\_\_
Business Tax ID# \_\_\_\_\_

Current Business Address \_\_\_\_\_ City \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_ How Long \_\_\_\_\_
Present Landlord \_\_\_\_\_

Individual Applicant's Name \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Individual Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_
Authorized Individual to sign lease \_\_\_\_\_ Title \_\_\_\_\_
Business phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
Fax \_\_\_\_\_ Email \_\_\_\_\_

Personal Reference \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_
Phone \_\_\_\_\_ Email \_\_\_\_\_

Driver's License # \_\_\_\_\_ Car \_\_\_\_\_ license Plate # \_\_\_\_\_

Insurance Agency Name \_\_\_\_\_ Agent's Name \_\_\_\_\_
Insurance Agency Phone \_\_\_\_\_

Person to Notify in Case of Emergency \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

CERTIFICATION: I understand that the above information is confidential. I hereby certify that I have examined this application and that the above information here is to the best of my knowledge and belief a true and complete application made in good faith. I also give my permission to have any of the above statements verified by utilizing reports from any credit reporting agency.

Individual Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Individual Applicant's printed Name \_\_\_\_\_

Office Use Only
FOLLOWING ITEMS MUST BE PAID WHEN LEASE IS SIGNED AND BEFORE POSSESSION:
Rent \$ \_\_\_\_\_
Prorated Rent Fee \$ \_\_\_\_\_
Security Deposit \$ \_\_\_\_\_
Non-Refundable Charges \$ \_\_\_\_\_
Amount Received with Application \$ \_\_\_\_\_