



APPLICATION FOR COMMERCIAL/OFFICE TENANCY

Name of Property: _____ Date _____
Property Address: _____
Company / Corporation Name _____
Type of entity (D.BA., L.L.C., Corp. etc.) _____ Intended use of space _____
Business Tax ID# _____
Current Business Address _____ City _____ State _____
Zip _____ How Long _____
Present Landlord _____
Address _____ Phone _____ Fax _____

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 _____
Driver's License # _____ Car _____ license Plate # _____

Credit Reference _____ Address _____
Phone _____ Email _____
Personal Reference _____ Address _____
Phone _____ Email _____

Insurance Agency Name _____ Agent's Name _____
Insurance Agency Phone _____ Address _____
Email _____

Person to Notify in Case of Emergency _____
Address _____ City _____ Phone _____

Mailing Address (if not suite address): _____
Contact Person (if not applicant): _____ Phone _____ Email _____

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

<i>Office Use Only:</i> Rent \$ _____ Security Deposit \$ _____ Non-Refundable Charges \$ _____ Amount Received with Application \$ _____

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