

## COMMERCIAL LEASE APPLICATION

**Landlord / Lessor:** \_\_\_\_\_

**Location of Leased Premises:** \_\_\_\_\_

Space #: \_\_\_\_\_ Square Feet: \_\_\_\_\_

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**Complete Legal Name to Appear on Lease:** \_\_\_\_\_

Corporation: \_\_\_\_\_ LLC: \_\_\_\_\_ Partnership: \_\_\_\_\_ LLP: \_\_\_\_\_ Sole Proprietor: \_\_\_\_\_ Non-Profit: \_\_\_\_\_

Other (explain): \_\_\_\_\_ State in Which Entity Formed: \_\_\_\_\_

Year Formed: \_\_\_\_\_ Federal Tax Payer Identification No: \_\_\_\_\_

D/B/A to Appear on Lease: \_\_\_\_\_

Main Address or Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address for Notices & Billing: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Current Business Name** (If Differs from Legal Name for This Application): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Yrs. in Business: \_\_\_\_\_

**Name of Person(s) Who Will Sign Lease:**

Person 1: \_\_\_\_\_ Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Married (check): \_\_\_\_\_ Single (check): \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person 2: \_\_\_\_\_ Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Married (check): \_\_\_\_\_ Single (check): \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Other Business Locations:**

Location 1: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location 2: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Names of Person(s) who will Guarantee Lease:**

Person 1: \_\_\_\_\_ Title: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person 2: \_\_\_\_\_ Title: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Credit References (Business / Personal):**

Name: \_\_\_\_\_ (circle one): Business Personal  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ (circle one): Business Personal  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ (circle one): Business Personal  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ (circle one): Business Personal  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Bank References (Checking / Savings Accounts):**

Name: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**Credit Card Information:**

Issuer: \_\_\_\_\_ Card Number: \_\_\_\_\_  
Approximate Balance: \$ \_\_\_\_\_ Payments: \$ \_\_\_\_\_

Issuer: \_\_\_\_\_ Card Number: \_\_\_\_\_  
Approximate Balance: \$ \_\_\_\_\_ Payments: \$ \_\_\_\_\_

Issuer: \_\_\_\_\_ Card Number: \_\_\_\_\_  
Approximate Balance: \$ \_\_\_\_\_ Payments: \$ \_\_\_\_\_

**Other Creditors Not Already Listed (Auto Loans / Mortgages, Etc):**

Creditor Name: \_\_\_\_\_ Type of Loan: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Type of Loan: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Type of Loan: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

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**ADDITIONAL COMMENTS:**

**ATTACH COPIES OF THE FOLLOWING DOCUMENTATION AS APPLICABLE:**

**Check Attached Items or Mark N/A**

- 1) Applicant's Current Balance Sheet and Income Statement \_\_\_\_\_
- 2) Applicant's most recent two years' Federal Tax Returns \_\_\_\_\_
- 3) Personal Financial Statement (see attached form) \_\_\_\_\_
- 4) Guarantor's most recent two years' Federal Tax Returns \_\_\_\_\_
- 5) Credit Check Authorization (see attached form) \_\_\_\_\_

**CONDITIONS AND INFORMATION**

The completion of this application by Applicant(s) ("Tenant") and the acceptance of this application by Creditor ("Landlord") creates no obligation of Landlord to approve the application or enter into a lease with Tenant.

By completing this application, Applicant(s) do hereby give full consent to Landlord, and \_\_\_\_\_, its agents or associates to have access and obtain information on its present and past history and any information relating to same.

This application is to be used for the purpose of establishing Applicant's current and past credit position and financial credibility and is for the use and review only by those owner(s) and representative(s) of the property Applicant is interested in leasing.

A Credit Check Authorization Form (see attached) is required, in addition to this application, if the prospective Tenant is an individual or if a Guarantor is coupled with the proposed lease. At the time of completion of this application, a Credit Check Authorization is \_\_\_\_\_ or is not \_\_\_\_\_ required. Landlord reserves the, right after reviewing the initial application, to later require the completion of a Credit Check Authorization Form if a Guarantor becomes a requirement of the lease.

The confidentiality of the information being furnished by Applicant will be preserved except where disclosure of this information is required by applicable law or for the purposes of evaluating this proposed transaction.

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**LANDLORD USE ONLY**

Annual Costs:

Rent: \$ \_\_\_\_\_ CAM: \$ \_\_\_\_\_ RET: \$ \_\_\_\_\_ Other: \_\_\_\_\_

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## Credit Check Authorization

I/We the undersigned hereby authorize \_\_\_\_\_, and/or any of its affiliates, partners, subsidiaries, employees or designees (hereinafter collectively referred to as "Landlord"), to make any credit inquiries that Landlord may deem necessary in connection with my/our lease application. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that Landlord may deem necessary now or in the future, in connection with the tenancy contemplated.

### **Applicant**

### **Spouse (If Applicable)**

\_\_\_\_\_  
(Print company name, if applicable)

\_\_\_\_\_  
(Print company position held, if applicable)

By: \_\_\_\_\_  
(Signature)

Print Full  
Legal Name \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

Print Full  
Legal Name \_\_\_\_\_

Its: \_\_\_\_\_  
(Print company position held, if applicable)

Its: \_\_\_\_\_  
(Print company position held, if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
FEIN or Social Security Number  
*(Attach copy of Social Security Card)*

\_\_\_\_\_  
FEIN or Social Security Number  
*(Attach copy of Social Security Card)*

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_