

COMMERCIAL TENANT APPLICATION

PLEASE PRINT ALL DETAILS AND COMPLETE ENTIRE FORM BOTH SIDES!!

STORE LOCATION _____

APPLICANT'S BUSINESS NAME _____ CORP ___ LLC ___

APPLICANT'S FULL NAME _____ AGE _____

APPLICANT'S EMAIL ADDRESS _____

SOCIAL SECURITY OR EIN NUMBER _____

SPOUSE OR PARTNER'S NAME _____ AGE _____

BUSINESS PHONE _____ HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYER REFERENCE _____ PHONE NO. _____

ADDRESS OF EMPLOYER _____

HOW LONG EMPLOYED _____ POSITION HELD _____

BUSINESS REFERENCE _____ PHONE NO. _____

ADDRESS OF REFERENCE _____

POSITION HELD _____ CONTACT'S NAME _____

NATURE OF RELATIONSHIP _____

LANDLORD REFERENCE _____ ADDRESS _____

PHONE NO. _____ HOW LONG AT THAT ADDRESS _____

| | | | |
|--|-----------------|------------|---------------|
| Banks where you maintain your accounts | <u>Savings</u> | Name _____ | Address _____ |
| | <u>Checking</u> | Name _____ | Address _____ |

Have you ever been evicted or requested to vacate any commercial space? _____

Have you ever been arrested? _____ Have you or your company ever filed for Bankruptcy? _____

Do you have any law suits outstanding _____

How long in business _____ Other locations you own _____

Accountant's name & phone # _____

Attorney's name & phone # _____

A deposit of \$ _____ is hereby rendered. Should this application not be approved, Landlord shall not be responsible for any claim or damage other than the return of the deposit. If I (we) do not sign a lease and/or make all payments as provided for in this application within ten (10) days after approval, Landlord may, at his option, cancel this application and the deposit paid in by applicant shall be retained as liquidating damages by Landlord.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

NOTE: IMPORTANT - YOU MUST COMPLETE ENTIRE FORM BOTH SIDES AND ATTACH A COPY OF YOUR DRIVER'S LICENSE.

