

COMMERCIAL LEASE APPLICATION



Landlord/Lessor:	Date of Application:
Location of Leased Premises:	
Center Suite #	S.F
Business Name:	Rent Own Rent/Payment
Name of Person who will sign lease:	
Person 1:	
(First) (Middle) (Last)	 Conditions and Information
Street Address:	
City Zip	All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional
Phone Number (Work): ()	· · · · · · · · · · · · · · · · · · ·
Phone Number (Home): ()	The completing of this application by Tenant and the
Phone Number (Mobile): ()	acceptance of this application by Landlord creates no obligation of Landlord to approve the application.
E-mail Address:	obligation of Earlatora to approve the application.
Driver's License No State of Issuance:	This application will be approved or rejected usually within five (5) days of being submitted to landlord.
Social Security Number: Date of Birth:	However, there is no obligation of Landlord to notify tenant unless the application is approved.
Is your business a corporation, LLC or other entity? Yes No	
- If yes, what form of business entity?	If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy
- Federal Tax ID Number:	begins.
- State in which entity formed?	The information provided herein shall be kept
- Names of Person(s) who will Guarantee Lease	confidential and will only be used by Landlord, and its agents to determine approval of Tenant's application.
- Person 1:	
- Person 2:	
(Will need to fill out a separate form unless married)	For Landlord's Use Only
Proposed use of premises?	Rent Amount:
Experience in business (please describe):	
	Date Lease to begin:
	End of Lease:
COMMERCIAL RENTAL HISTORY	
Present Address:	
Rent Own Rent/Payment From/To:	
- Rent dynam 11011/10.	
Danisa Addasa	
Previous Address:	
(Continued on Page 2)	I
By your signature hereon, you agree that the information disclosed by best of your knowledge, and you agree that the information disclosed by decision with respect to granting or denying your application to enter in	by you herein is material to the potential Lessor's
Signed	Date
Signed:	Date:

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CREDIT REFERENCE (current or former landlords, banks, vendors, etc.)							
Name:							
Address:							
City State Zip							
Contact:			Phone:				
CURRENT MONTHLY INCO	OME						
Name/Source	Amount		Name/Source	Amount			
				_			
CURRENT MONTHLY EXP	ENSES						
Creditor	Amount		Creditor	Amount			
ASSETS	VALUE	SOURCE	LIABILITIES	AMOUNT	CREDITOR		
Cash on Hand & in Banks			Accounts Payable				
Savings Accounts							
IRA/Retirement Accounts							
Accounts Receivable			Other Installment Accounts				
Insurance Cash Surrender			Loans on Life Insurance				
Stocks & Bonds			Mortgages on Real Estate				
Real Estate			Unpaid Taxes				
Automobiles			Other Liabilities				
Other Personal Property			Other Liabilities				
Other Assets							
Other Assets			TOTALLIABILITIES:				
Other Assets			NETANORTH				
TOTAL ASSETS:			NET WORTH:				
	2	CONSENT TO	CREDIT CHECK				
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I,, the undersigned applicant(s) authorize landlord,, or his/her/their agent to order and review my/our credit and							
criminal history and investigate the accuracy of the information contained in the application. I/We							
further authorize all banks, employers, creditors, credit card companies, references, and any and all other							
persons to provide to Landlord any and all information concerning my/our credit.							
Signed: Date:							