COMMERCIAL LEASE APPLICATIONPlease provide all of the information requested below. Incomplete information can delay the processing of your application. PLEASE PRINT CLEARLY.

OCCUPANT(S) Company		<u> </u>		
Address (Main Office)				
Nun	nber Street	City	State	Zip —
DBA		Sole Prop	☐ Partnership	☐ Corp.
Corp. No	·	Year Established _	· · · · · · · · · · · · · · · · · · ·	
Employer ID#		Number of Employ	ees	
Type of Business				
Gross Annual Revenue			· · · · · · · · · · · · · · · · · · ·	
Contact Person		· · · · · · · · · · · · · · · · · · ·	Title	
Phone # <u>()</u>		Fax # <u>(</u>		
COMMERCIAL RENT	AL HISTORY (No Le			
	,		y State	Zĺp
KentOwn	Rental/Mortgage An	nount Paid Monthly	From/To	<u> </u>
Reason for leaving			 	
Landlord Name/Mortgage Co.		, ,	Phone # ()	
Rent Own	ber Street Rental/Mortgage An	City	From/To	Zip
Landlord Name/Mortgage Co.			Phone # ()	
BANKING REFERENC				
Name		Phone #()	
Address			G. C.	7:
Number	Street	CitySavings	State	Zip
OTHER INFORMATIO				***************************************
THE PRINCIPALS				
1)	First	Ti	tle	
Social Security #)
• —		_ + +++++++++++++++++++++++++++++++++++		
AddressNumber	Street	City	State	Zip

2) Last	First	Middle	Title	
Social Security #		Date of Birth_	<u> </u>	
AddressNumber	Street	City	State	Zip
*			Title	-
3)Last	First	Middle		
Social Security #		Date of Birth _		
Address				
Number	Street	City	State	Zip
CREDIT REFERENC		***************************************		
1) Company		Phone	e#()	· · · · · · · · · · · · · · · · · · ·
Addings				
Number	Street	City	State	Ziþ
Account #		Contact Persor	n	
2) Company		Phone	e#()	
		City		
AddressNumber			State	Zipi
Account #		Contact Persor	n	
0) G		Dham	· · · · ·	
		Phone	e#(<u> </u>	
AddressNumber	Street	City	State	Zip
Account #		Contact Persor	n	
AUTHORIZATION	***************************************	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •
	Compretion or any firm act	ing on its behalf is hereby grante	od nermission to nerform a	credit check on our con
pany and/or its principals.	corporation of any min act	ing on its bolian is hereby grante	a permission to perform a	ordan ondok on our oon
			DATE	
1) SIGNATURE:				
1) SIGNATURE:By			TITLE	
1) SIGNATURE: By 2) SIGNATURE:			TITLEDATE	
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OTHER INFORMATION (continued)

Not Accepted: Reason____