

COMMERCIAL LEASE APPLICATION

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

OCCUPANT(S)

Company _____
Address (Main Office) _____
Number Street City State Zip
DBA _____ Sole Prop Partnership Corp.
Corp. No. _____ Year Established _____
Employer ID# _____ Number of Employees _____
Type of Business _____
Gross Annual Revenue _____
Contact Person _____ Title _____
Phone # (____) _____ Fax # (____) _____

COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address _____
Rent Own Rental/Mortgage Amount Paid Monthly _____
Street City State Zip
Reason for leaving _____
Landlord Name/Mortgage Co. _____ Phone # (____) _____

Previous Address _____
Rent Own Rental/Mortgage Amount Paid Monthly _____
Street City State Zip
Reason for leaving _____
Landlord Name/Mortgage Co. _____ Phone # (____) _____

BANKING REFERENCE

Name _____ Phone # (____) _____
Address _____
Number Street City State Zip
Account # _____ Checking _____ Savings _____ Balance _____

OTHER INFORMATION

THE PRINCIPALS

1) _____ Title _____
Last First Middle
Social Security # _____ Date of Birth _____
Address _____
Number Street City State Zip

OTHER INFORMATION (continued)

THE PRINCIPALS

2) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Address _____
Number Street City State Zip

3) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Address _____
Number Street City State Zip

CREDIT REFERENCES

1) Company _____ Phone # (____) _____

Address _____
Number Street City State Zip

Account # _____ Contact Person _____

2) Company _____ Phone # (____) _____

Address _____
Number Street City State Zip

Account # _____ Contact Person _____

3) Company _____ Phone # (____) _____

Address _____
Number Street City State Zip

Account # _____ Contact Person _____

AUTHORIZATION

_____ or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals.

1) SIGNATURE: _____ DATE _____

By _____ TITLE _____

2) SIGNATURE: _____ DATE _____

By _____ TITLE _____

3) SIGNATURE: _____ DATE _____

By _____ TITLE _____

FOR OFFICE USE ONLY

NOTE: Advise the applicant to authorize banks, landlords, and credit references to release all relevant information to Chico Properties

Remarks: _____

Move in Date _____ Unit # _____ Unit Type _____ Rent \$ _____

Advise Applicants _____

Not Accepted: Reason _____