

Commercial Lease Application

You can print this form and fill and sign it by hand, or use Adobe Reader to fill and sign it on your Computer.

All pages of this lease application must be filled and signed by all persons who will sign the lease agreement. The completion of this application by Tenant and the acceptance of this application will be approved or rejected usually within five (5) days of being submitted to landlord. If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.

Location of Leased Premises:	
Business Name:	
Business Email Address:	
Business Website:	
Name & Title of Person 1 signing Lease:	
Email:	
Address:	
Driver's License # & State of Issuance:	
Social Security #	
Date of Birth:	
Name & Title of Person 2 signing Lease:	
Email:	
Address:	
Driver's License # & State of Issuance:	
Social Security #	
Date of Birth:	
Name & Title of Person 3 signing Lease:	
Email:	
Address:	
Driver's License # & State of Issuance:	
Social Security #	
Date of Rirth	

Is your business a corporation, LLC or oth	ner entity? YES			
If YES, list form of business entity and	full name:			
Federal Tax II	O Number:			
State in which enti	ty formed:			
Years in	Business:			
Type of	Business:			
Proposed use of	Premises:			
Business Information				
If YES, please explain and list:	g litigation against the business or principals of the b	ousiness?		
Describe exactly what business you will conduct in space and any other uses for space:				
How many partners or owners of the busin	ness? Please list names:			
How many employees (W-2) does the business have:				
Target Move-in Date:				
Requested Lengt	n of Lease:			
By your signature hereon, you agree that the information disclosed by you herein is true, complete, and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.				
NAME	SIGNATURE	DATE		
NAME	SIGNATURE	DATE		
NAME	SIGNATURE	DATE		

Consent To Credit & Background Check

I/We,, the undersigned app		the undersigned applicant(s)
authorize landlord,	nd Tenant Screening Services,	
or his/her/their agent to order a	and access credit, eviction, and crimin	nal records. I further give
permission to my present and p	previous landlords, employers and cre	editors to release this
information to Landlord and Te	nant Screening Services, Inc. I unders	stand false information will
result in rejection of application	n and/or termination of occupancy.	
NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
NAME	SIGNATURE	
NAME	SIGNATURE	DATE
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