



COMMERCIAL LEASE APPLICATION

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

Name(s) to appear on Lease: _____

Address of Lease Space: _____
Number Street City State Zip

OCCUPANT(S)

Company: _____

DBA: _____ Sole Prop Partnership Corp.

Employer ID#: _____ # of Employees: ___ Year Established: _____

Type of Business: _____

Gross Annual Revenue: _____

Contact Person: _____ Title: _____

Phone #: (____) _____ Email Address: _____

Briefly describe type of business and use of lease space:

Lessee is responsible for determining if current zoning laws are appropriate for Lessee's intended use and acknowledges that past uses of the Premises may no longer be allowed.

COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address: _____
Number Street City State Zip

Rent Own Rental/Mortgage Amt Paid Monthly _____ From/To _____

Reason for leaving: _____

Landlord Name/Mortgage Co.: _____

Contact Name: _____ Phone #: (____) _____

Previous Address: _____
Number Street City State Zip

Rent Own Rental/Mortgage Amt Paid Monthly _____ From/To _____

Reason for leaving: _____

Landlord Name/Mortgage Co.: _____

Contact Name: _____ Phone #: (____) _____

BANKING REFERENCE

Name: _____ Phone #: (____) _____

Address: _____
Number Street City State Zip

Checking Acct: _____ Balance \$ _____ Savings Acct: _____ Balance \$ _____

THE PRINCIPALS

1) Name: _____ Title: _____
First Middle Initial Last

Social Security #: _____ Date of Birth: _____

Current Home Address: _____
Number Street City State Zip

Previous Home Address: _____
Number Street City State Zip

2) Name: _____ Title: _____
First Middle Initial Last

Social Security #: _____ Date of Birth: _____

Current Home Address: _____
Number Street City State Zip

Previous Home 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

Battaglia Commercial Real Estate 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: _____