



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: _____

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.

Lessee Initial(____)

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 PRINCIPALS1) Name: _____ Title: _____
 First Middle Initial Last

Social Security #: _____ Date of Birth: _____

Current Home Address: _____
 Number Street City State ZipPrevious Home Address: _____
 Number Street City State Zip2) Name: _____ Title: _____
 First Middle Initial Last

Social Security #: _____ Date of Birth: _____

Current Home Address: _____
 Number Street City State ZipPrevious 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 and review such credit check with the owner of the Lease Space.

1) SIGNATURE: _____ DATE: _____
By _____ TITLE: _____2) SIGNATURE: _____ DATE: _____
By _____ TITLE: _____