

LEASE APPLICATION—Sole Proprietors and Partnerships
(Please Type)

PERSONAL AND EMERGENCY INFORMATION

(All partners, sole proprietors, and personal guarantors of corporate leases are required to complete this section.)

First Name: _____ M.I. ___ Last Name: _____ Jr. ___ Sr. ___

Home Address: _____ Telephone Number: () _____

_____ Spouse's First Name: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State of Issuance: _____

Name of closest relative not living with you: _____

Their home address: _____

Bank and Branch (Checking Account): _____

Address: _____

Person to Contact: _____ Telephone Number: () _____

Account Number: _____ Average Balance: _____

Bank and Branch (Savings Account): _____

Address: _____

Person to Contact: _____ Telephone Number: () _____

Account Number: _____ Average Balance: _____

First Name: _____ M.I. ___ Last Name: _____ Jr. ___ Sr. ___

Home Address: _____ Telephone Number: () _____

_____ Spouse's First Name: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State of Issuance: _____

Name of closest relative not living with you: _____

Their home address: _____

Bank and Branch (Checking Account): _____

Address: _____

Person to Contact: _____ Telephone Number: () _____

Account Number: _____ Average Balance: _____

Bank and Branch (Savings Account): _____

Address: _____

Person to Contact: _____ Telephone Number: () _____

Account Number: _____ Average Balance: _____

NAME AND PHONE NUMBERS OF TWO PERSONS TO CONTACT IN CASE OF AFTER HOURS EMERGENCY:

Name: _____ Telephone Number: () _____

Name: _____ Telephone Number: () _____

LEASE APPLICATION—Sole Proprietors and Partnerships
(Please Type)

BUSINESS INFORMATION

Name of Company: _____ Federal Id # _____

Business Address: _____

Telephone Number: () _____ Year Company was formed: _____

Description of Business: _____

Type of Company: Sole Proprietorship [] Partnership [] Corporation with personal guarantee: []

Current Landlord: _____

Contact Name: _____ Telephone Number: () _____

Address: _____

Bank and Branch: _____

Address: _____

Officer to Contact: _____ Telephone Number: () _____

Account Number: _____ Average Balance: _____

TRADE REFERENCES

Name of Company: _____ Account Number: _____

Address: _____

Contact Name: _____ Telephone Number: () _____

Name of Company: _____ Account Number: _____

Address: _____

Contact Name: _____ Telephone Number: () _____

Name of Company: _____ Account Number: _____

Address: _____

Contact Name: _____ Telephone Number: () _____

Please attach copy of current financial statement or tax return. If not attached, please explain why: _____

The representations of fact contained in this application are considered part of the lease and are true and correct. If any information herein contained is discovered to be false or misleading, the lease made on the strength of this application may, at the option of the Lessor, be terminated at any time. The Lessor, and its representatives, are hereby granted permission to verify all information provided and to obtain any credit reports deemed necessary.

Signed: _____ Signed: _____

Name Printed: _____ Name Printed: _____