

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 _____

Number Street City State Zip

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

Reason for leaving _____

Landlord Name/Mortgage Co. _____ Phone # (_____)

Previous Address _____

Number Street City State Zip

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

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

Ramona Property Management Inc. 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 _____