

LEASE APPLICATION

NOTE: PLEASE PRINT CLEARLY

PART I: LESSEE INFORMATION

- A. Business Name: _____
DBA: _____ Current Phone: _____
- B. Legal Entity: _____ Corporation _____ Partnership _____ Sole Proprietor _____
Other _____
-

PART II: OFFICER/PARTNER~OWNER INFORMATION

Note: Give complete information for all officers/partners/owners - Use additional paper if necessary.

- Full Name: _____ Position: _____
Date of Birth: _____ Home Address: _____
Phone: _____ Social Security # _____ Percent Equity _____
- Full Name: _____ Position: _____
Date of Birth: _____ Home Address: _____
Phone: _____ Social Security# _____ Percent Equity _____
- Full Name: _____ Position: _____
Date of Birth: _____ Home Address: _____
Phone: _____ Social Security # _____ Percent Equity _____
- A Federal Tax I.D. # _____ Date Business Established _____
- C. Type or Business: _____
- D. Reason for Relocation: _____
- E. Property Applying For: _____
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PART III: PARENT COMPANY

Name of Parent Company: _____

Address of Parent Company: _____
Address City State Phone

PART IV: BUSINESS ADDRESSES

NOTE: Please give complete information for the preceding five years. Use additional paper if necessary.

A. CURRENT ADDRESS: _____
Address City State Zip Phone

Lessor _____ Contact _____ Phone _____ Space Occupied _____

Monthly Lease Amount _____ Term of Lease _____ Length of Occupancy _____
Month(years) Month(Years)

B. PREVIOUS ADDRESS: _____
Address City State Zip Phone

Lessor _____ Contact _____ Phone _____ Space Occupied _____

Monthly Lease Amount _____ Term of Lease _____ Length of Occupancy _____
Month(Years) Month(Years)

C. PRIOR ADDRESS: _____
Address City State Zip Phone

Lessor _____ Contact _____ Phone _____ Space Occupied _____

Monthly Lease Amount _____ Term of Lease _____ Length of Occupancy _____
Month(Years) Month(Years)

PART V: BUSINESS FINANCIAL INFORMATION

A. BUSINESS CREDIT ACCOUNTS OR TRADE REFERENCES

Name: _____ Phone: _____

Address: _____
Street City State Zip

Name: _____ Phone: _____

Address: _____
Street City State Zip

Name: _____ Phone: _____

Address: _____
Street City State Zip

Name: _____ Phone: _____

Address: _____
Street City State Zip

B. BUSINESS BANK ACCOUNTS

Bank Name: _____ Branch: _____ Phone: _____

Address: _____
Street City State Zip

Account #: _____ Type of Account: _____ Contact: _____

Bank Name: _____ Branch: _____ Phone: _____

Address: _____
Street City State Zip

Account # : _____ Type of Account: _____ Contact: _____

PART VI: BUSINESS DECLARATIONS

A. Has this business, its officers, partners, or owners ever been delinquent in payment of any financial obligation? (If yes, Please explain.)

B. Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer and/or breach of contract lawsuit? (If yes, please explain.)

C. Is this business listed in Dunn & Bradstreet? _____ Yes _____ NO _____ Other

PART VII: SUPPLEMENTAL INFORMATION

Please provide the following information with this application:

1. Current Financial Statements
2. Last 2 Years Tax Returns
3. Profit and Loss Statement (if applicable)
4. Business Plan for this location

I/we hereby authorize Cornerstone Realty Group to verify all information on this application by contacting the sources listed herein or any other sources available. I/we understand that information that does not verify, or cannot be verified, may result in this application not being approved. I/we give permission to perform the standard credit check.

Name Printed: _____

Applicant
Signature : _____ Title: _____

Date: _____

Drivers License Number: _____