



TENANT INFORMATION FORM

Lessee _____ Phone _____

Person who will sign the lease _____

Business Address _____

Type of Business _____ Do you have: Articles of Incorporation _____ Fictitious Business Statement _____

Business formed as a Corporation _____ Partnership _____ Sole Proprietor _____

Number of years in business _____ Reason for leaving current space _____

Current Lessor _____ Phone _____

Monthly Rental _____ Initial Lease Term _____ Length of Occupancy _____

Current Bank _____ Branch _____

Account # _____ Contact _____ Phone _____

BUSINESS CREDIT REFERENCES:

Name _____ City _____ Phone _____ how long _____ Acct # _____

Name _____ City _____ Phone _____ how long _____ Acct # _____

Name _____ City _____ Phone _____ how long _____ Acct # _____

OFFICER / PARTNER / OWNER INFORMATION:

Name _____ Home address _____ zip code _____ own/rent _____ Phone _____

Length of residence _____ SSN# _____ Drivers License # _____ Date of birth _____

Previous address if above is less than 3 years _____

Name _____ Home address _____ zip code _____ own/rent _____ Phone _____ Date of birth _____

Length of residence _____ SSN# _____ Drivers License # _____

Previous address if above is less than 3 years _____

Have any of the principals of the firm had any judgments, liens or bankruptcy files against them? Yes _____ No _____

I/We hereby authorize the property owner's and/or the owner's property manager, to verify all information on this application by contacting the sources listed herein or any other sources available. The above information, to the best of my/our knowledge, is true and correct.

Dated _____ By _____

Dated _____ By _____