

Commercial Rental Application

*** FOR OFFICE USE ONLY ***

Date: _____

Project Name _____

Monthly Rent

Address _____ City _____

Base Rent: \$ _____

Suite Assigned _____

Premium: \$ _____

Anticipated Occupancy Date _____

Parking: \$ _____

Total Deposit Required \$ _____

Furniture: \$ _____

Application Fee \$ _____

Signage: \$ _____

Anticipated Lease Term _____

Tenant Improvements: \$ _____

Other: \$ _____

TOTAL MONTHLY RENT: \$ _____

Applicant Information

Firm's Legal Name _____ Company Phone () _____

Street Address _____

Billing Address _____

City _____, State _____, Zip _____

Parent Company _____ Company Phone () _____

City _____, State _____, Zip _____

Type of Business _____ Date Business Started _____

Estimated Annual Sales \$ _____

Number of Employees _____ Tax Exemption No. (If Applicable) _____

Please Check One: **LLC** Proprietorship Partnership Corporation
 (For Proprietorship or Partnership or **LLC**)

1) Name _____ Home Address _____

City _____, State _____, Zip _____, Phone () _____

Social Security No. or Federal I.D. No. _____ Duns No. _____

2) Name _____ Home Address _____

City _____, State _____, Zip _____, Phone () _____

Social Security No. or Federal I.D. No. _____ Duns No. _____

(For Corporation):

Federal I.D. No. _____ Duns No. _____ State of Incorporation _____

Authorized Financial Officers: Name _____ Title _____

Name _____ Title _____

Name _____ Title _____