

LEASE APPLICATION

BUSINESS INFORMATION (PLEASE TYPE)

DATE _____

NAME OF COMPANY _____ YEARS IN BUSINESS _____

TYPE OF COMPANY _____ SOLE PROPRIETORSHIP ___ PARTNERSHIP ___ CORPORATION ___

DESCRIPTION OF BUSINESS: _____

BUSINESS ADDRESS _____
NUMBER & STREET CITY /STATE/ZIP PHONE NUMBER

COMPANY CHECKING ACCOUNT
BANK/BRANCH _____ ACCOUNT NUMBER _____
BANK ADDRESS/PHONE NUMBER _____

CURRENT LANDLORD _____
ADDRESS/PHONE NUMBER _____

PERSONAL INFORMATION

Sole proprietors, partners of a partnership or personal guarantors of a coporation are required to complete the personal information.

FULL LEGAL FIRST NAME _____ M.I. ___ LAST NAME _____ JR. ___ SR. ___

RELATIONSHIP TO COMPANY _____ SPOUSE'S FIRST NAME _____

HOME ADDRESS _____ PHONE NUMBER (___) _____

CITY/STATE/ZIP _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE _____

PERSONAL CHECKING ACCOUNT: BANK _____ BRANCH _____

ADDRESS _____ ACCOUNT NUMBER _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____

THEIR ADDRESS _____

FULL LEGAL FIRST NAME _____ M.I. ___ LAST NAME _____ JR. ___ SR. ___

RELATIONSHIP TO COMPANY _____ SPOUSE'S FIRST NAME _____

HOME ADDRESS _____ PHONE NUMBER (___) _____

CITY/STATE/ZIP _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE _____

PERSONAL CHECKING ACCOUNT: BANK _____ BRANCH _____

ADDRESS _____ ACCOUNT NUMBER _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____

THEIR ADDRESS _____

A CURRENT FINANCIAL STATEMENT IS REQUIRED WITH THIS APPLICATION.

The representations of fact contained in this application are considered part of the lease and are true and correct. If any information herein is discovered to be false or misleading and the lease is made on those representations of this application, the landlord may, at the option of the Landlord, terminate the lease at any time. The Landlord is hereby granted permission to verify all credit and personal information and obtain credit reports as deemed necessary.

SIGNATURE _____

SIGNATURE _____

NAME OF APPLICANT

NAME OF APPLICANT

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