

COMMERCIAL RENTAL FORM

Landlord/Lessor: _____

Date: _____

Location of Leased Premises: _____

Property Name: _____

Square Feet: _____

APPLICANT INFORMATION

Applicant's/Owner's Full Name 1: _____

Title: _____

Ownership Percentage: _____

Driver's License No.: _____

State: _____

Date of Issuance: _____

Expiry Date: _____

COMMERCIAL RENTAL HISTORY

Present Address: _____, _____, _____, _____

Rent: \$ _____

Name of Landlord: _____

Period: _____

Contact Number: _____

Reason for Leaving: _____

Previous Address: _____, _____, _____, _____

Rent: \$ _____

Name of Landlord: _____

Period: _____

Contact Number: _____

Reason for Leaving: _____

BANK REFERENCES

Bank Name: _____

Branch: _____

Contact Number: _____

Checking Account No.: _____

Savings Account No.: _____

CREDIT REFERENCES

CURRENT MONTHLY REVENUE

Gross Revenue: \$ _____

Total Expenses: \$ _____

CONSENT

I/We, _____, hereby authorize the Landlord, _____, or/his/her/their agent to conduct a background check and review my/our credit and criminal history to prove the accuracy of the information disclosed herein. I/We further authorize banks, creditors, credit card companies, references, and all other persons or entities to provide the Landlord any and all information pertaining to my/our credit.

Tenant Signature: _____

Tenant Name: _____