

CROSS REALTY RENTAL MANAGEMENT COMPANY

1707 North Main Street

Suffolk, VA 23434

Office 757-539-3060

Fax 757-934-0811

COMMERCIAL RENTAL APPLICATION

Business Name: _____ Tax ID #: _____

Business Address: _____ City/State/Zip: _____

Work Phone: _____ Fax Number: _____

Monthly Income _____ Other Income: _____

Applicant: _____ Birth Date: _____

Social Security #: _____ Phone #: _____

Home Address: _____ City/State/Zip: _____

Co-Applicant: _____ Birth Date: _____

Social Security #: _____ Phone #: _____

Home Address: _____ City/State/Zip: _____

Current Landlord: _____ Phone #: _____

Rent: ___ Own: ___ Lease Terms: _____ Notice Given: _____ Monthly Rent/Payment: _____

Insurance Company: _____ Phone #: _____

Bank References: Checking: _____

Vehicle: _____ License No. _____

Vehicle: _____ License No. _____

Contact person in case of Emergency: _____

Relationship: _____ Phone #: _____

Address: _____ City/State/Zip: _____

References:

I (we) make application to Cross Realty for rent at _____
And agree to give Cross Realty permission to run a Credit Report as part of this application and to pay \$20.00 per person for the personal credit report(s). I (we) agree to lease the above property, if approved, under the normal terms used or agreed to for this property and will sign the lease when presented for signature. I (we) also agree that the information provided is correct to the best of our knowledge.

If this application is approved and applicant(s) does not enter into the lease agreement, any deposit paid by applicant(s) may be forfeited. The deposit must be received within twenty-four (24) hours after approval of the application or the unit will be returned to the rental market. Any application fee is non-refundable.

You will be required to carry insurance to cover your business operations and the personal property of out company, failure to do so could result in the termination of the lease. Proof of coverage may be required.

YOU ARE HEREBY ADVISED THAT THE AGENCY/AGENT REPRESENTS THE LANDLOR/OWNER AND YOUR SIGNATURE BELOW ACKNOWLEDGES THAT THIS INFORMATION HAS BEEN DISCLOSED AND THAT YOU HAVE RECEIVED A COPY OF THIS APPLICATION.

All Business Licenses required by the City of Suffolk are the responsibility of the tenant; you are advised to contact the Suffolk City Planning Department to make sure that your business can get a license for this location. Owner and Property Manager are not responsible for your lack of ability to get a license at this location or for any expenses you may have had in obtaining said license.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Agent: _____ Date: _____

Agency: Cross Realty, By _____ Date: _____

Office Use Only

Rent: _____ Deposit: _____ Pro-rated rent: _____

Keys Given On: _____ Number of Keys: _____