

Commercial Tenant Information Form

Business Information:

- Business Name: _____
- Type of Business: _____
- Tax ID Number: _____
- Business Address: _____
- Contact Person: _____
- Phone Number: _____
- Email Address: _____

Lease Details:

- Desired Lease Start Date: _____
- Desired Lease Duration: _____

Authorized Signatories:

Provide details of individuals authorized to act on behalf of the business:

Name	Position	Contact Number	Email

Financial Information:

- Annual Revenue: _____
- Business Bank Name: _____
- Bank Account Number: _____

Additional Questions:

- Will renovations or alterations be needed? Yes No

If yes, describe: _____

Certification by Business Representative:

I certify that the information provided is accurate and understand that false information may result in denial of tenancy.

Name of Representative: _____

Signature: _____ Date: _____