

RENTAL APPLICATION & TENANT INFORMATION

COMPANY NAME: _____ Phone: _____
Business Address: _____ Zip Code: _____
Years in Business: _____ Years at Current Address: _____
Size of Current Premises: _____ Current Rent: _____ # of Employees: _____
Present Landlord: _____ Phone: _____

Proposed Use of Premises: _____

Will any Hazardous Materials be Stored or used on the Premises? Yes No If yes, please attach list (i.e. MSDS sheets)

TYPE OF BUSINESS ORGANIZATION: (Complete A, B or C)

A. SOLE PROPRIETORSHIP:

1. Owner's Name: _____ Phone: _____
Residence Address: _____ Zip Code: _____
Do you Own or Rent ? For How Long? _____
Social Security No: _____ Driver's License No: _____

B. PARTNERSHIP:

1. Name: _____ Social Security No: _____
Residence Address: _____
Phone: _____

2. Name: _____ Social Security No: _____
Residence Address: _____
Phone: _____

By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of ("Landlord"), be terminated at any time. *By signing below, you authorize the Landlord and/or Collins Comercial to verify the above statements including, but not limited to, business and individual credit information, now or any time during the lease term.*

Signature: _____ Print Name: _____ Date: _____
Signature: _____ Print Name: _____ Date: _____

C. CORPORATION: Federal Tax ID: _____ Date Incorporated: _____ State of Incorp: _____
 Parent Corp: _____ Division / Subsidiary of: _____

CORPORATE OFFICERS

1. Name: _____ Title: _____
 Residence Address: _____
 _____ Phone: _____

2. Name: _____ Title: _____
 Residence Address: _____
 _____ Phone: _____

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Signature: _____ Date: _____
 Print Name: _____ Title: _____

LEASE GUARANTOR: _____ Social Security No. _____
 Residence Address: _____

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Signature: _____ Print Name: _____ Date: _____

BANK REFERENCES:

Checking: _____ Branch: _____ Account No: _____
 Savings: _____ Branch: _____ Account No: _____

CREDIT REFERENCES:

Name	Contact	Phone