

LEASE APPLICATION

DATE _____

COMPANY NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE: _____ FAX: _____ CELL: _____
E-MAIL: _____

TYPE OF BUSINESS

SOLE PROPRIETORSHIP
 PARTNERSHIP
 INCORP IN STATE OF: _____
DATE OF INCORP: _____
TITLE OF SIGNER: _____
d.b.a: _____
HOW MANY YEARS: _____

MAILING ADDRESS

ACCOUNTS PAYABLE
ADDRESS (if different) _____
CITY, STATE, ZIP _____
CONTACT _____ PHONE: _____
NO. OF YEARS IN BUSINESS UNDER THIS NAME _____ NO. YEARS AT THIS LOCATION _____

PAYMENT PERSONALLY GUARANTEED? YES NO BY _____ TITLE _____

OWNERSHIP

NAME OF OWNER	PHONE NUMBER
HOME ADDRESS	CITY STATE ZIP
NAME OF CO-OWNER	PHONE NUMBER
HOME ADDRESS	CITY STATE ZIP
EMERGENCY CONTACT	PHONE NUMBER

BANK INFORMATION

BANK NAME	PHONE NUMBER
ADDRESS	CITY STATE ZIP
CONTACT NAME	PHONE NUMBER

COMMENTS:

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents from any liability resulting from their credit survey.

Authorized Signature _____
Title _____ Date: _____

* Required

****PHOTO COPY OF DRIVER LICENSE IS REQUIRED FOR EACH OWNER LISTED OR AUTHORIZED SIGNER.**