



COMMERCIAL LEASE APPLICATION

Occupant(s)

Company _____

Address (Main Office) _____

DBA _____ Sole Prop Partnership Corp

Corp Number _____ Year Established: _____

Employer ID# _____ Number of Employees _____

Type Of Business _____

Gross Annual Revenue _____

Contact Person _____ Title _____

Phone# _____ Fax# _____

Commercial Rental History

Present Address _____

Rent Own Rental/ Mortgage Amount Paid Monthly _____ from/ To _____

Reason for Leaving _____

Landlord Name/Mortgage Co _____ Phone# _____

Previous Address _____

Rent Own Rental/ Mortgage Amount Paid Monthly _____ from/ To _____

Reason for Leaving _____

Landlord Name/Mortgage Co _____ Phone# _____

Banking Reference

Name _____ Phone# _____

Address _____

Account# _____ Checking _____ Saving _____ Balance _____

Other Information

The Principals

1) Name _____ Last _____ Title _____

Social Security # _____ D/O/B _____

Address: _____ Phone # _____

2) Name _____ Last _____ Title _____

Social Security # _____ D/O/B _____

Address: _____ Phone # _____

Credit References

1) Company Name _____ Phone# _____

Contact person _____ Type of Credit _____

Address _____ Phone # _____

2) Company Name _____ Phone# _____

Contact person _____ Type of Credit _____

Address _____ Phone # _____

3) Company Name _____ Phone# _____

Contact person _____ Type of Credit _____

Address _____ Phone # _____

Conditions and Information:

The completion of this application by Tenant and acceptance of the Landlord creates no obligation of Landlord to approve the application. This application does not constitute a contract, lease or agreement for space. This application will be approved or rejected usually within five days of being submitted to landlord. However, there is no obligation for Landlord to notify tenants unless the application is approved.

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge.

Authorization

Hollywood Commercial LLC or any Firm acting on its behalf is hereby granted permission to perform a credit check on our company and / or its principals.

1) SIGNATURE _____ PRINT _____ TITLE _____ DATE _____

2) SIGNATURE _____ PRINT _____ TITLE _____ DATE _____

Applicant Screening Fee: \$60

Paid _____ Cash ___ Money Order# _____ Date _____

(The screening charge is non- refundable. Application will not be process without receipt of screening fee)