

# COMMERCIAL LEASE APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application.  
PLEASE PRINT CLEARLY.

## OCCUPANT(S)

Company \_\_\_\_\_

Address (Main Office) \_\_\_\_\_

Number Street City State Zip

DBA \_\_\_\_\_  Sole Prop  Partnership  Corp.

Corp. No. \_\_\_\_\_ Year Established \_\_\_\_\_

Employer ID# \_\_\_\_\_ Number of Employees \_\_\_\_\_

Type of Business \_\_\_\_\_

Gross Annual Revenue \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) Fax # ( \_\_\_\_\_ )

## COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address \_\_\_\_\_

Number Street City State Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_ Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord Name/Mortgage Co. \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

Previous Address \_\_\_\_\_

Number Street City State Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_ Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord Name/Mortgage Co. \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

## BANKING REFERENCE

Name \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

Address \_\_\_\_\_

Number Street City State Zip

Account # \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Balance \_\_\_\_\_

## OTHER INFORMATION

### THE PRINCIPALS

1) \_\_\_\_\_ Title \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Number Street City State Zip

**OTHER INFORMATION (continued)**

**THE PRINCIPALS**

2) \_\_\_\_\_ Title \_\_\_\_\_  
Last First Middle  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

3) \_\_\_\_\_ Title \_\_\_\_\_  
Last First Middle  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

**CREDIT REFERENCES**

1) Company \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street City State Zip

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

2) Company \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street City State Zip

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

3) Company \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street City State Zip

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

**AUTHORIZATION**

LYNX Property Management Inc. 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: \_\_\_\_\_ DATE \_\_\_\_\_  
By \_\_\_\_\_ TITLE \_\_\_\_\_

2) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
By \_\_\_\_\_ TITLE \_\_\_\_\_

3) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
By \_\_\_\_\_ TITLE \_\_\_\_\_