

TENANT INFORMATION FORM

Lessee _____ Phone _____

Person who will sign the lease _____

Business Address _____

Type of Business _____ Do you have: Articles of Incorporation _____ Fictitious Business Statement _____

Business formed as a Corporation _____ Partnership _____ Sole Proprietor _____

Number of years in business _____ Reason for leaving current space _____

Current Lessor _____ Phone _____

Monthly Rental _____ Initial Lease Term _____ Length of Occupancy _____

Current Bank _____ Branch _____

Account # _____ Contact _____ Phone _____

BUSINESS CREDIT REFERENCES:

Name	City	Phone	how long	Acct #
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Name	City	Phone	how long	Acct #
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Name	City	Phone	how long	Acct #
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OFFICER / PARTNER / OWNER INFORMATION:

Name	Home address	zip code	own/rent	Phone
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Length of residence	SSN#	Drivers License #	Date of birth
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Previous address if above is less than 3 years _____

Name	Home address	zip code	own/rent	Phone	Date of birth
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Length of residence	SSN#	Drivers License #
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Previous address if above is less than 3 years _____

Have any of the principals of the firm had any judgments, liens or bankruptcy files against them? Yes _____ No _____

I/We hereby authorize the property owner's and/or the owner's property manager, to verify all information on this application by contacting the sources listed herein or any other sources available. The above information, to the best of my/our knowledge, is true and correct.

Dated _____ By _____

Dated _____ By _____