

Property Address Interested in Leasing

## Commercial

Thank you for applying to lease with us. Please provide us with *all the information requested below*. Incomplete information will only delay the processing of your Lease Application. PLEASE FILL IN THE FORM ON LINE AND PRINT/OR PRINT FORM FIRST AND PRINT CLEARLY BY HAND. *One application per applying individual*. Once completed, please deliver to our office with the necessary fees and additional requested documents to process your application. WE CANNOT PROCESS THIS APPLICATION ON-LINE. For your convenience, a map is located on the *Contacts* page of this website.

Business Name				
Entity Type (select one) $\Box$ Propr	ietorship/Partnership (General)	fornia Limited Partnershi	•	
Please attach with this applicati	•	_ · · · · · · · · · · · · · · · · · · ·	, , , , =	, , , , , , , , , , , , , , , , , , , ,
• The last two (2) year	s Federal/State tax returns.			
<ul> <li>Financial Statement</li> </ul>	s (a current balance sheet, profit and los	s statement for YTD and th	ne preceding two (2) fiscal y	ears).
	Current Fou			
	Current Fax			
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Monthly loses amount ¢	Term of Lease	tessor priorie number.	Occupancy Length	
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Address		City, State, 7ip		
Monthly lease amount \$	Term of Lease		Occupancy Length	
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First name			:	Sr./Jr./ etc.:
Address	6 116 11 11	City, State, Zip		
Position			Date of Birth_	
Equity %C	ontact phone number	Contact p	phone number	
First name	Middle	Last		Sr./Jr./ etc.:
Position	Social Security Nur	nber .	Date of Birth	
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	Middle			
Address	6 1 6 % 11	City, State, Zip		
	Social Security Nur			
Equity %C	ontact phone number	Contact p	onone number	
RENT COMPANY II	NFORMATION			
Name of business_				
Full Address				
Phone numbers				
Federal Tax I.D. #		Date business establis		



Business Banking Accounts				
Bank name				
		Checking   Savings Account #		
Bank/Branch address				
Bank/Branch phone number		Bank contact		
Bank name				
		☐ Checking ☐ Savings Account #		
Bank/Branch address				
Bank/Branch phone number		Bank contact		
Business Credit Accounts				
Name		Account #		
Address				
Phone number		Contact		
Name		Account #		
Address				
Phone number				
Name		Account #		
Address				
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Mama		
Name Address		
Phone number		
SCELLANEOUS INFORMATION		
Has this business, its officers, partners or owners, ex	ver been delinquent in payment of any financial	obligation(s)? □ no □ yes – please explain
Has this business, its officers, partners or owners, ev ☐ no ☐ yes – please explain	ver been a defendant in an unlawful detainer an	nd/or breach of contract lawsuit ?
Has this business, its officers, partners or owners, ev	ver been the subject of bankruptcy proceedings?	? 🗆 no 🗆 yes — please explain
Authorization is hereby granted to <b>The Becker G</b> savings accounts, and/or outstanding credit or cred its Agent to use a photocopy of facsimile of the auth understood that information that does not verify, o fee paid for verification of this application in a non-	lit records — all information on this application. norized signature below to obtain information re or cannot be verified, may result in this application	Authorization is further granted to Lessor or egarding any of he aforementioned items. It on not being approved, and that the \$40.00
Applicant Signature	Title	Date
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Applicant Signature	Title	Date  Office Use Only  Application Approval/Denial  Approved Denied  Property Mgr