

COMMERCIAL LEASE APPLICATION

\$50 Non-Refundable Application Fee

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

PROPERTY ADDRESS: _____

OCCUPANT(S)

Company: _____

DBA: _____

____ Sole Proprietor ____ Partnership ____ Corp ____ LLC

Federal Tax ID #: _____ State of Incorporation or Partnership: _____

Number of Employees: _____ Number of Parking Spaces needed: _____

Type of Business: _____

Full Description of Intended Use: _____

Years in Business: _____ Year Established: _____

Gross Annual Revenue: _____

Contact Person: _____ Title: _____

Phone _____ Fax _____ Email _____

COMMERCIAL RENTAL HISTORY

Address: _____ Rent _____

From _____ To _____ Reason for leaving _____

Landlord name & number _____

REFERENCES

Bank Reference _____ Account# _____

Contact Name _____ Phone# _____

OWNER/RESPONSIBLE PARTY

Name: _____ Phone _____

Address: _____

SSN: _____ DOB: _____

AUTHORIZATION

Stone Property Management LLC or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals.

By _____ Its _____ Date _____

For Office Use Only

_____ Application fee _____ Photo ID _____ Social Security Card or IRS Form
SS-4
_____ POI _____ Business Plan