

# Commercial Lease Application



\$55 Non-Refundable Application Fee. Please provide all of the information requested below. Incomplete information can delay the processing of your application.

**This application is for property located at \***

**Occupant(s) \***

**Company \***

**DBA \***

**Business Ownership \***

- 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 \***

First Name      Last Name

**Phone Number \***

**Email \***

Area Code      Phone Number

example@example.com

**Commercial Rental History**

**Address \***

**Rent \***

Street Address

City      State

**Lease Start Date \***



Zip Code

Month Day Year

**Landlord Name \***

**Lease End Date \***



Month Day Year

**Phone Number \***

**Email \***

Area Code      Phone Number

example@example.com

**Reason for Leaving \***

## References

**Bank Reference \***

**Account Number \***

**Contact Name \***

**Phone Number & Email \***

## Owner / Responsible Party

**Name \***

First Name

Middle Name

Last Name

Suffix

**Social Security Number \***

**DOB \***



Month Day Year

**Address \***

**Phone Number \***

Street Address

Area Code

Phone Number

City

State

**Email \***

Zip Code

example@example.com

## 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.

**Signature**

**Its \***

Electronic signatures are legally binding under the E-SIGN Act.

Title

**Date \***



# Stone Property Management, LLC Authorization Form

I understand my application is incomplete and cannot be processed until I provide the following: \*

Non- Refundable Application Fee

Photo ID

Social Security Card OR IRS Form SS-4

Proof of Income (i.e. bank statement, paystub, W-2/1099 Form)

**Name \***

**DOB \***



First Name

Middle Name

Last Name

Suffix

Month Day Year

**Company Name \***

I agree to give Stone Property Management LLC the authority to investigate my background, current and past rental records, my places of employment, and source of income listed above, as well as any other information they need in order to verify and process this application. This information obtained will be used by Stone Property Management LLC to determine my eligibility to rent this property and I agree to hold harmless any person(s) providing truthful information necessary for evaluation.

**Signature**

**Date \***



Electronic signatures are legally binding under the E-SIGN Act.

Month Day Year