BUSINESS INFORMATION

PHONE (203) 348-8378 Fax (203) 324-3074

Commercial Lease Application - STAMFORD, CT 06002

Please fill in this commercial lease application form completely and submit it with any supporting documents

Legal Business Name:	Established Since:		
DBA Name:	Number of Employees:		
Business Type: [] Sole Proprietor [] Partnership	o [] Corporation [] Other		
Business Scope:		Gross Annual Revenue: \$	
Main Address:			
Business Phone: Busin	ness Fax:	Business Email:	
BUSINESS RENTAL HISTORY			
Current Address:			
Landlord Name:	From/To:		
Landlord / Agent Contact Number:	Rent: \$		
Reason for Leaving:			
OWNER(S) INFORMATION			
1. Full Name:	Birth Date:	Social Security Number:	
Contact Number: Email	Address:		
Home Address:			
2. Full Name:	Birth Date:	Social Security Number:	
Contact Number: Email Address:			
Home Address:			
3. Full Name:	Birth Date:	_ Social Security Number:	
Contact Number: Email	Address:		
Home Address:			

I/We declare that all the information above is accurate and complete. I/We understand and agree that if any of the information is found to be false or incomplete, the landlord will have the right to reject this application and terminate the lease agreement with immediate effect.

I/We hereby authorize the landlord to run any credit check on me/us to verify any of the above information with relevant third parties such as landlords, banks, creditors or other persons.

Applicant Signature:	Application Date:
Applicant Signature:	Application Date:
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