



COMMERCIAL TENANT APPLICATION

Square Feet Needed _____

BUSINESS INFORMATION

Business Name: _____ **DBA:** _____

Business Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Corporation _____ **Partnership** _____ **L.L.C.** _____ **Sole Proprietorship:** _____ **How many years?** _____

Signing Officer: _____ **Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Business fax:** _____ **Cell Phone:** _____

INDIVIDUAL INFORMATION

Name: _____ **Social Security #:** _____ **Date of Birth:** _____

Spouse: _____ **Sp. Social Security #:** _____ **Sp. Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Drivers License #: _____ **Other** _____

GENERAL INFORMATION

Landlord: _____ **Address:** _____ **Phone:** _____

Lease Expiration: _____ **Square Feet Currently Occupying:** _____

Special Power Requirements: _____ **Yard:** _____

Amount of Office: _____ **Other:** _____

Credit & Trade References- Name, Address, Phone Number: _____

1. _____

2. _____

3. _____

Singnature: _____ **Date** _____

Fax this application to: (520) 760-1260 Attention: James Even