



3124 W Main St, STE 5
 Dothan, AL 36305
 Phone: (334) 677-7650
 Fax: (334) 699-2301

3124 W Main St, STE 6
 Dothan, AL 36305
 Phone: (334) 699-2300
 Fax: (334) 699-2301

COMMERCIAL LEASE APPLICATION

Proof of Income, State I.D. and \$40 CASH Application Fee for each applicant is required when submitting Application.

TENANT INFORMATION

APPLICATION INFORMATION

Property Address: _____

Intended Use of Premises: _____

Anticipated Move-In Date: _____

BUSINESS INFORMATION

Business Name: _____

Present Address: _____

Phone: _____ Business FEIN: _____

Business is: Sole Proprietor Partnership Corporation

Business Type: Retail Wholesale Manufacturing/Industrial
 Office Warehouse Other: _____

Date Established: _____ Number of Employees: _____

Time at Present Address: _____ Monthly Payment: _____

Present Landlord Name: _____

Present Landlord Address: _____

Present Landlord Phone: _____

Reason for Leaving Present Address: _____

Previous Address: _____

Time at Previous Address: _____ Monthly Payment: _____

Previous Landlord Name: _____

Previous Landlord Address: _____

Previous Landlord Phone: _____

Reason for Leaving Previous Address: _____

BUSINESS OWNER/PARTNER/STOCKHOLDER INFORMATION

First Owner's Name: _____

Home Address: _____

Phone: _____ Alternative Phone: _____

Email Address: _____ Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Second Owner's Name: _____

Home Address: _____

Phone: _____ Alternative Phone: _____

Email Address: _____ Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Third Owner's Name: _____

Home Address: _____

Phone: _____ Alternative Phone: _____

Email Address: _____ Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

BANKING INFORMATION

Personal Banking Institution: _____

Address: _____

Phone: _____

Business Banking Institution: _____

Address: _____

Phone: _____

Additional Banking Institution: _____

Address: _____

Phone: _____

ADDITIONAL INFORMATION FOR CONSIDERATION

CREDIT REFERENCES

List industry references from which you make purchases through credit accounts.

Company Name: _____

Address: _____

Contact Name: _____ Phone: _____

Company Name: _____

Address: _____

Contact Name: _____ Phone: _____

Company Name: _____

Address: _____

Contact Name: _____ Phone: _____

CREDIT CHECK AUTHORIZATION

I certify that the information provided is true, accurate and complete. I authorize the individual or organization to whom this application is submitted to investigate all bank, credit and trade references named in this application, and to obtain information about the credit status of the applicant in order to assess the applicant's suitability as a tenant/lessee.

Authorized Signature

Date

Authorized Signature

Date

Authorized Signature

Date

SECURITY DEPOSIT

Date _____ Amount Paid \$ _____

_____ Check # _____

_____ Money Order # _____

Receipt # _____