RENTAL APPLICATION

Please Print.

Date: Property Address:

General Information

Company Name: Company Address:

Number of Years in Business:

Type(Sole proprietorship, corporation, partnership, limited liability or etc.):

Number of Employees: Federal Id.#: \_ Intended use of premises:

Owner(s) or Partner(s):

Social Security Number: Date of Birth \_ Owner’s Residence Address:

Phone Number:

In case of an emergency notify: Relationship: Phone Number:

Present Landlord's Name: \_

Address: Telephone Number:

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Former Landlord's Name: Address:

Telephone Number:

Trade References

|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |
| Name Address |  |  |  | City | State |  | Zip |  |  | Phone |
| Contact Person |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Name Address |  |  |  | City | State |  | Zip |  |  | Phone |  |
| Contact Person |  |  |  |  |  |  |  |  |  |  |  |
| Name Address |  |  |  | City | State |  | Zip |  |  | Phone |  |
| Contact PersonBank References |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |
| Name Address |  |  |  | City | State |  | Zip |  |  | Phone |  |
| Contact Person |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Name Address |  |  |  | City | State |  | Zip |  |  | Phone |  |
| Contact Person |  |  |  |  |  |  |  |  |  |  |  |
| Name Address |  |  |  | City | State |  | Zip |  |  | Phone |  |

Contact Person

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EMPLOYMENT - COMPLETE THIS SECTION ONLY IF NEW BUSINESS

Employer: -'Position:

Income: Per, Length of Service,

Supervisor's name: Supervisor’s Title: Telephone Number: \_

Spouse's Employer, Position: \_ Income, P.er: Length of Service: Supervisor's Name: Supervisor's Title:

Telephone Number: \_

I/We hereby authorize Owner and/or its agents, to obtain credit information from sources as it chooses including, without limitation, credit bureaus, employers and references listed above.

I/We agree that if any information given herein by me/us is false, the lease, or any extensions thereof, made on the strength of this application may, at the option of the Owner, be terminated at any time.

PLEASE ATTACH THE LAST TWO (2l YEARS FINANCIAL STATEMENTS OR FEDERAL TAX RETURNS.

Applicant's Signature Date

Applicant's Signature Date

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Please return completed application to: Tata Incorporated

1941 Williams Road, Suite 3A Columbus, Ohio 43207

Phone No.: 614-491-8036

Fax No.: 614-491-0338

Email: tatainc1@att.net

Application fee: $50.00