## COMMERCIAL RENTAL APPLICATION FORM <u>Ph:602-503-5110 Fax:602-910-5537</u>

ADDRESS APPLYING FOR				
Last Name	First Name		Middle Initial	
Business Name:	DBA	, Tax ID:		
Social Security #	Birthdate	DL#	State	
Email Address:				
Current Business Inform				
Company Name				
Principal's Name				
Address	City		State	Zip _
	Fax # ()			
	oration $\square$ Partnership $\square$ Sol			
	_ Annual Sales/Revenue			
	taurant, etc.)			
Description of business activ	vities			
	(Businesses you deal with on a	-		
Company Name				
Address	City		State	Zip
	Fax # ()			
Type of business				
Description of business activ	vities			
RESIDENT HISTORY: Current Address Current Phone #	City Landlord Name Residency dates: From		_ State Zip Phone	
Rent Amount	Residency dates: From	То		
Reason for leaving				
EMPLOYMENT HISTORY:				
Current Employer	Phone #		Supervisor Zip	
Address	City	St	ate Zip	
Position/Title	Monthly income	Employ	ed From to	
		Employ		
PAST BUSINESS EXPERIEN				
Business Name:				
Years in business	_ Annual Sales/Revenue			
Type of business (retail, res	taurant, etc.)			
Description of business activ	vities			
Business Name:	_ Annual Sales/Revenue			
Years in business	_ Annual Sales/Revenue			
Type of business (retail, res	taurant, etc.)			
Description of business activ	vities			

HAVE YOU OR THE CO-APPLICANT BROKEN A RENTAL AGREEMENT? YES NO	I
HAVE YOU OR THE CO-APPLICANT BEEN EVICTED? YES NO	
HAVE YOU OR CO-APPLICANT BEEN CONVICTED OF A DRUG RELATED CRIME?	
HAVE YOU OR CO-APPLICANT BEEN CONVICTED OF A FELONY?	

## PLEASE READ CAREFULLY:

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application if discovered before move-in. Applicant acknowledges that management may not be able to complete comprehensive action of this agreement before move in. Management reserves the right to verify application information after move-in and may convert the proposed Rental Agreement to a month to month term if misleading information is contained in this application. This application is preliminary only and does not obligate owner or representative to execute a lease or deliver possession of the proposed premises.

Applicant's signature	Date	
Co-Applicant's signature	Date	

Please Fax the completed form to: 602-910-5537 Or Scan the application and email it to sid@iconrealtybrokers.com