



12211 Regency Village Drive #13  
Orlando, FL 32821  
Tel 407-248-2626 ~ Fax 407-248-2577  
OFFICE@NORBRIDGE.COM

**ADDRESS OF PROPERTY TO BE LEASED:** \_\_\_\_\_

**COMMERCIAL LEASE APPLICATION**

Incomplete information can delay the processing of your application.  
**PLEASE PRINT CLEARLY AND EMAIL TO OFFICE@NORBRIDGE.COM**

**OCCUPANT(S)**

Company: \_\_\_\_\_

Current Address \_\_\_\_\_  
Number Street Suite

City State Zip

DBA: \_\_\_\_\_

Legal Entity:  Sole Prop  Partnership  S - Corp  LLC  Other

EIN: \_\_\_\_\_ Year Established: \_\_\_\_\_

SunBiz Corp #: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Gross Annual Revenue: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_



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**COMMERCIAL RENTAL HISTORY (No Less Than Two Years)**

**CURRENT Address:** \_\_\_\_\_  
Number Street Suite  
\_\_\_\_\_  
City State Zip

I currently  Rent  Own Rental/Mortgage Amount Paid Monthly: \_\_\_\_\_

From/To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Landlord Name/Mortgage Co.: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

**PREVIOUS Address:** \_\_\_\_\_  
Number Street Suite  
\_\_\_\_\_  
City State Zip

I previously  Rent  Own Rental/Mortgage Amount Paid Monthly: \_\_\_\_\_

From/To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Landlord Name/Mortgage Co.: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

**I understand that by providing this information herein, that I authorize Norbridge Properties or one of its authorized agents to contact my previous landlord to discuss my rental history. \_\_\_\_\_ (Initial)**

**BANKING REFERENCE**

Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Suite  
\_\_\_\_\_  
City State Zip

Account #: \_\_\_\_\_  Checking  Savings Avg. Balance: \_\_\_\_\_



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**THE PRINCIPALS**

1) \_\_\_\_\_ Title: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Number Street Suite

\_\_\_\_\_  
City State Zip

2) \_\_\_\_\_ Title: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Number Street Suite

\_\_\_\_\_  
City State Zip

**CREDIT REFERENCES**

1) Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Account #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Suite

\_\_\_\_\_  
City State Zip

2) Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Account #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Suite

\_\_\_\_\_  
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**DISCLOSURE OF MANAGER (If different from Owner)**

The Manager of the Premises is \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned is hereby applying for credit approval to lease the premises on the attached Lease Proposal. **NORBRIDGE PROPERTIES** is hereby authorized to conduct an investigation of my personal and business credit history employing credit agencies or bureaus subject to the provisions of the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING SUPPORTING DOCUMENTS:**  
**TWO YEARS OF TAX RETURNS FOR APPLICANT**  
**ARTICLES OF INCORPORATION/OPERATING AGREEMENT**

**\*\*\* DOOR CODE \*\*\*** If your application is approved, up to six(6) 4-digit door codes can be programmed for the Suite door.  
**Please list your codes:** \_\_\_\_\_

**\*\*\*BUILDING DOOR CODE \*\*\*\*** If your application is approved you will be issued a 4 digit code. For building access outside normal business hours  
**Please choose your code:** \_\_\_\_\_



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**FOR OFFICE USE ONLY**

NOTE: Advise the applicant to authorize banks, landlords, and credit references to release all relevant information to Norbridge Properties.

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Move in Date: \_\_\_\_\_ Unit # \_\_\_\_\_ Suite#: \_\_\_\_\_

Security Required \$: \_\_\_\_\_

Not Accepted: Reason \_\_\_\_\_