Clocktower Properties ™

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COMMERCIAL RENTAL APPLICATION

Company Name: _____

_____

Applicant Name: _____
(Last)

Title: _____

Mobile: _____

Email: _____

Drivers License: _____

Name: _____
(Last)

Title _____

Mobile _____

Email: _____

Business Address: _____

Phone: _____

Fax: _____

How long at this address? _____

Monthly Rent: _____

Landlord Name: _____

Tax Id: _____

Unit of Interest: _____

Type of business this space will be used for:

_____

How much starting capital do you have for this business? (If a start-up)

What are your sources of capital? 1) _____

2) _____

How long has this business been operating?

Annual net sales? _____

Credit References 1) _____

2) _____

3) _____

Finanacial Institution: 1) _____

2) _____

Personal References: 1) _____

2) _____

Home Address: _____

_____

Phone: _____

How long at this address? _____

SSN: _____

Other:

1) Approximately how many people will be using the space on a regular basis?

2) Have you ever been evicted or asked to abandon or sever your business' lease agreement for any reason?

PLEASE ATTACH ANY INFORMATION THAT YOU FEEL MAY STRENGTHEN YOUR APPLICATION.

PLEASE SUPPLY A COPY OF YOUR ID ALONG WITH SIGNED APPLICATION.

I HEREBY CONSENT TO THE DISCLOSURE OF CREDIT INFORMATION BY ANY CREDIT AGENCY, BANK, LENDING INSTITUTION, LANDLORD, FINANCIAL INSTITUTION OR BUSINESS OF ANY TYPE, TO SONIA O. EWERS AND/OR ROBERT T. IANNUCCI

_____ _____

SIGNATURE DATE

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