

COMMERCIAL RENTAL APPLICATION FORM

Property Applying for: _____ Move In: ___ / ___ / _____

Company Name _____

Principal's Name _____

Business Address _____ City _____ State ___ ZIP _____

Phone # (____) ____ - _____ Fax # (____) ____ - _____

Alternate Business Name(s) _____

Alternate Business Address _____ City _____ State ___ ZIP _____

Please Choose One: ___Corporation ___Partnership ___Sole Proprietor ___Other: _____

Years in business _____ Annual Sales/Revenue _____

Type of business (retail, restaurant, etc.) _____

Description of business activities _____

Federal Tax ID _____



BUSINESS REFERENCE(S)

Company Name _____

Address _____ City _____ State ___ ZIP _____

Phone # (____) ____ - _____ Fax # (____) ____ - _____

Company Name _____

Address _____ City _____ State ___ ZIP _____

Phone # (____) ____ - _____ Fax # (____) ____ - _____



BANK REFERENCE(S)

Name of Bank _____ Contact Name _____

Address _____ City _____ State ___ ZIP _____

Phone # (____) ____ - _____ Fax # (____) ____ - _____ Account # _____

Name of Bank _____ Contact Name _____

Address _____ City _____ State ___ ZIP _____

Phone # (____) ____ - _____ Fax # (____) ____ - _____ Account # _____

I/We confirm that all the information I/we have supplied us true and correct. I/We understand that I/we can be turned down for the property if I/we have falsified any information on this application. I/We hereby authorize the verification of all the above information by American Tenant Screen including a business credit report. This application does not constitute a contract, lease or agreement for space.

COMPANY NAME _____

BY: _____ Date _____

(Authorized Signature)

Please deliver to our main office, FAX (760) 952-0295 or email wsrealty@wsrealtyinc.com.