

NON-RESIDENTIAL - APPLICATION FOR LEASE



© R.L. Wood & Company, LLC

Commercial-Investment Real Estate Services
1550 E. University Drive, Suite K
Mesa, Arizona USA 85203
E-mail address: rlwood@ccim.net
Office - 480.964.1745
FAX - 480.898.9306

- Commercial
- Industrial
- Retail
- Office

- Land
- Farm/Ranch
- Specialty
- Other

EACH PRINCIPAL & SPOUSE MUST COMPLETE AN APPLICATION
2 PEOPLE PER APPLICATION

FOR PREMISES LOCATED AT: _____

BUSINESS INFORMATION

(Add additional pages as needed to complete the requested information):

Business Name: _____

Current Business Address: _____

Web Site: _____

Phone #: _____ Cell #: _____

Fax #: _____

Current Landlord or Management Company: _____

Contact: Phone #: _____

Description of Business: _____

Form of Business Ownership: _____

Year Business Began Operations: _____

TAX ID Number: _____

Name(s) of Business Owners and Officers (Include Home Phone Numbers):

Primary Business Bank: _____

Name Of Officer: _____

Address: _____

Phone #: _____

Account(s) #: _____

Contact: _____

Does this business employ the use of substances deemed hazardous as defined under the Comprehensive Environmental Response Compensation and Liability Act (CERCLA)? (If "Yes", please describe): _____

Does this business produce filings, dust particles, paint vapors, or other agents that are easily airborne? (If "Yes", please describe): _____

Describe any substantial noise that would be generated by this business: _____

PERSONAL INFORMATION – COMPANY PRINCIPAL(S) OR PRIMARY OWNER(S) (Note: Add additional pages as needed to complete the requested information):

Principal #1: _____

Home Address – Street: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cellular Phone #: _____

Marital Status: _____ Spouse's Name: _____

Driver's License #: _____ State: _____

Social Security #: _____

e-Mail Address: _____

Principal #2: _____

Home Address – Street: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cellular Phone #: _____

Marital Status: _____ Spouse's Name: _____

Driver's License #: _____ State: _____

Social Security #: _____

e-Mail Address: _____

Emergency Contact:

Name: _____

Address: _____

Telephone #: _____

Relationship: _____

e-Mail Address: _____

The undersigned Applicant hereby declares that the representations of fact contained in this application are true and correct and considered part of the lease if a lease is consummated. If any information herein contained is false, the lease made on the strength of this application may, at the option of Lessor, be terminated at any time. Applicant authorizes Lessor and Lessor's agent to verify the above information including, but not limited to, the use of credit reporting and information agencies. Applicant acknowledges that R.L. Wood & Company, LLC is Lessor's agent and represents Lessor's interests.

Other Information we should know:

Signature 1: _____

Name Printed: _____

Title: _____

Date Signed: _____

Signature 2: _____

Name Printed: _____

Title: _____

Date Signed: _____

Please return completed application to the address indicated on top or hit submit below. Thanks for your time.