

WEISS

8170 McCormick Blvd.

Suite 100

Skokie, IL 60076

(847) 329-7600

(847) 329-7676



PROPERTIES
INCORPORATED

Commercial Lease Application

Tenant(s)

Company _____

Address _____

City _____ State _____ Zip _____

D.O.I. ___/___/___ FEIN _____ D&B # _____

Type of Business _____

Gross Annual Revenue _____ Number of Employees _____

Contact Person _____ Title _____

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

RENTAL HISTORY

Present Address _____ City _____ State _____ Zip _____

Rent _____ Own _____ Rental/Mortgage Amount Paid Monthly _____

Reason for leaving _____

Landlord Name/Mortgage Co. _____ Phone # _____

Previous Address _____

City _____ State _____ Zip _____

Rent _____ Own _____ Rental/Mortgage Amount Paid Monthly _____

Reason for leaving _____

Landlord Name/Mortgage Co. _____ Phone # _____

Any litigation such as: Eviction, suits, judgments, bankruptcies? _____

If yes give details _____ Date _____

Principals

1) Name (last) _____ (first) _____ (MI) _____ Title _____

D.O.B ___/___/___ Social Security _____ - _____ - _____

Phone (H) (____) _____ - _____ (W) _____ - _____

Drivers License Number: _____

Current Address _____ City _____ state _____ Zip _____

2) Name (last) _____ (first) _____ (MI) _____ Title _____

D.O.B ___/___/___ Social Security _____ - _____ - _____

Phone (H) (____) _____ - _____ (W) _____ - _____

Drivers License Number: _____

Current Address _____

City _____ state _____ Zip _____

Banking Reference

Name of institution. _____ Contact _____ Phone _____

Name of institution. _____ Contact _____ Phone _____

Name of institution. _____ Contact _____ Phone _____

I certify that I have read the above application; that the information Contained therein is true and correct. I understand that this application Shall be incorporated in, and become part of the lease of the premises sought and if incorrect or untrue; shall be grounds for cancellation of the lease. I/we authorize you to make an investigative credit, employment, & rental history report.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Photo ID. Required to process application