

COMMERCIAL TENANT APPLICATION FORM *(fillable form)*

PROPERTY/UNIT FOR LEASE:			LANDLORD:		
APPLICANT OR LEASING ENTITY INFORMATION					
NAME OF Individual, LLC, Partnership, or corporation:			SSN #		
			TAX ID (EIN#)		
STREET ADDRESS			PHONE		
			(F) (Cel)		
CITY	STATE	ZIP	EMAIL		
D.B.A.			STATE OF FORMATION		
<i>(Please check one)</i> LLC		Corporation	Limited Partnership	Partnership	
PRINCIPAL OFFICER, MANAGER, OWNER <i>(fill in if applicable)</i>					
NAME 1		<i>Last</i>	<i>First</i>	<i>Middle</i>	
ADDRESS					
CITY		STATE	ZIP		
PHONE		EMAIL		SSN	
DIRVER'S LICENSE	<i>No</i>	<i>State</i>	D.O.B.(mm/dd/yyyy)		
TITLE		OWNERSHIP (%)			
NAME 2		<i>Last</i>	<i>First</i>	<i>Middle</i>	
ADDRESS					
CITY		STATE	ZIP		
PHONE		EMAIL		SSN	
DIRVER'S LICENSE	<i>No</i>	<i>State</i>	D.O.B.(mm/dd/yyyy)		
TITLE		OWNERSHIP (%)			
NAME 3		<i>Last</i>	<i>First</i>	<i>Middle</i>	
ADDRESS					
CITY		STATE	ZIP		
PHONE		EMAIL		SSN	
DIRVER'S LICENSE	<i>No</i>	<i>State</i>	D.O.B.(mm/dd/yyyy)		
TITLE		OWNERSHIP (%)			
CREDIT REFERENNCES – CURRENT OR PREVIOUS LANDLORD					
ENTITY NAME 1					
ADDRESS					
PHONE			CONTACT PERSON		
LEASE PERIOD	<i>From</i>	<i>To</i>	NATURE OF BIZ.		
LEASE STATUS	<i>Current</i>	<i>Month to Month</i>	<i>Closed</i>	<i>Evicted</i>	
ENTITY NAME 2					
ADDRESS					
PHONE			CONTACT PERSON		
LEASE PERIOD	<i>From</i>	<i>To</i>	NATURE OF BIZ.		
LEASE STATUS	<i>Current</i>	<i>Month to Month</i>	<i>Closed</i>	<i>Evicted</i>	
CREDIT REFERENNCES - BANKING					
BANK 1					
ADDRESS					
PHONE			CONTACT PERSON		
TYPE	<i>Checking</i>	<i>Savings</i>	<i>Others</i>	ACCOUNT NO	
BANK 2					
ADDRESS					

PHONE			CONTACT PERSON		
TYPE	Checking	Savings	Others	ACCOUNT NO	
BACKGROUND INFORMATION					
HAVE YOU OR THE ENTITY EVER:		A. Filed for bankruptcy? If so, indicate when and where.			
		B. Failed to pay rent when due? If so, indicate when and why.			
		C. Been asked to move or been a party to an eviction proceeding? If yes, please provide Property Address, City, State, Landlord Name, Case Name, Court and Docket #.			
		D. Been convicted of crime? If yes, please provide for each conviction: Type of Offense, Date of Offence, County and State.			
CERTIFICATION AND CONSENT					
Applicant(s), Officer(s), Manager(s), Principal(s), Partners(s) and Individual(s) (<i>hereinafter referred to collectively as "Applicant"</i>) hereby certify that all of the above statements are true and correct and may be used for credit verification purposes. I (We) also hereby authorize LANDLORD and its authorized agent(s) (a) to do all required procedure whatsoever needed on behalf of myself (ourselves) for verification of the above information and references including, but not limited to, the obtaining of a credit report and background information (b) to share all obtained information with others in connection with this application. Applicant consents to furnish additional credit references upon request and also consents to allow LANDLORD and its authorized agent(s) to disclose tenancy information to previous or subsequent owners/agents. The undersigned hereby waives any privacy of credit information rights or regulations.					
SIGNATURE 1		BY _____			
PRINT NAME		TITLE		DATE	
SIGNATURE 2		BY _____			
PRINT NAME		TITLE		DATE	
SIGNATURE 3		BY _____			
PRINT NAME		TITLE		DATE	

UPON COMPLETION, PLEASE EMAIL TO: info@green-koh.com, OR FAX TO 770-332-4242.