

COMMERCIAL PROPERTY RENTAL APPLICATION

Applicant is applying to rent the property at the following address: _____

Name: _____ Date: _____

Position with business: _____ Phone number where you can be contacted: _____

BUSINESS INFORMATION:

Name of business you will be operating: _____

Nature of business you will be operating: _____

How long has business been in operation: _____ Federal ID Number of business: _____

Is the business a (1) Corporation: _____ (2) Partnership: _____ (3) LLC/LLP: _____ (4) Sole Proprietorship: _____

PERSONAL INFORMATION:

Address of present residence: _____

(If less than two years, give all addresses for the last two years)

Previous Address 1:

Previous Address 2:

Street: _____

Street: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

From: _____ to _____

From: _____ to _____

Applicant's Birthdate: _____

Applicant's Social Security Number: _____ - _____ - _____

Applicant's Drivers License No/State: _____

Automobile: Make: _____ Model: _____ Year: _____ License Number: _____

Automobile: Make: _____ Model: _____ Year: _____ License Number: _____

Two References (Local Preferred)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

If you own your home, please provide name of mortgage company: _____

If you have been renting, please provide the name of your apartment complex (if applicable), landlord and your landlord's phone number.

Apartment complex: _____ Landlord's name: _____

Landlord's address: _____ Landlord's phone: _____

EMPLOYMENT

Applicant's Employer: _____ Address: _____

From: _____ to _____ Position held: _____ Salary: \$ _____ Phone: _____

Spouse's Employer: _____ Address: _____

From: _____ to _____ Position held: _____ Salary: \$ _____ Phone: _____

Bank: _____ Checking: _____ Savings: _____ Account No: _____

Bank: _____ Checking: _____ Savings: _____ Account No: _____

ACCEPTANCE OF DEPOSIT AND RENTAL AGREEMENT DEPENDENT UPON VERIFICATION OF ABOVE STATEMENTS

Applicant authorizes **Colorado West Property Management** to contact references and licensed credit agencies to verify the above statements and obtain additional credit information.

Emergency Contact: (Preferably a relative not living with you)

Name: _____ Relationship: _____ Phone: _____

Address: _____

Applicant's Signature

Spouse's Signature

Complete and sign this form and fax to Colorado West Property Management. There is a \$20 fee to process your application.