

Lease Application

Name of Company: _____

Address of Home Office: _____

Phone: _____ Fax: _____ Email: _____

Who has the authority to sign the lease? _____

Social Security Number: _____

Home Address: _____

Phone: _____ Fax: _____ Email: _____

Person Responsible for Rent (Accounts Payable): _____

Phone: _____ Fax: _____ Email: _____

Bank Reference: _____ Phone: _____

How long have you been in business?: _____

Nature of Business: _____ Non-profit _____

How did you hear about us?: _____

Who will have office access?: _____

In case of emergency call: _____

Relationship: _____ Phone: _____

Have you ever filed bankruptcy?: NO YES date: _____

Do you have current suits for money pending against you?:

NO YES date _____

I hereby certify that the above information is true and correct and authorize you to obtain additional information, which may be required to assist you in the approval of this application or in the collection of a debt.

Signature: _____ Date: _____

The Perfect Small Office

Mail to: CMC Office Center – Carmel
13295 Illinois Street, Suite 116
Carmel, IN 46032
or Fax to: 317-844-3692

Property: _____
Suite(s): _____
Commencement Date: _____
Agent: _____