Commercial Rental Application Form

Property applying for__________________________________________

Move In: ____/____/____

Company
Name________________________________________________________

Principal's
Name________________________________________________________

Business
Address____________________________City_________________St___Zip__________

Phone # ( ) _______________ Fax # ( ) _______________

Alternate Business
Name(s)________________________________________________________

Please Choose One:  Corporation, Partnership, Sole Proprietor, Other
_________________________

Years in business___________

Type of business______________________________________________

Description of business
activities_______________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

BUSINESS REFERENCE:

Company Name____________________________________________________

Address____________________________City_________________St___Zip__________

Phone#( )__________________________

Fax#( )___________________________
Company Name_______________________________________________________
Address____________________________City_________________St___Zip_________
Phone#( )______________________________
Fax#( )______________________________

**BANK REFERENCE:**

Name of Bank_______________________________________________
Contact Name_____________________________________________
Address____________________________________________________
City_________________St___Zip_________
Phone#( )______________________________
Fax#( )______________________________

Name of Bank_______________________________________________
Contact Name_____________________________________________
Address____________________________________________________
City_________________St___Zip_________
Phone#( )______________________________
Fax#( )______________________________
We confirm that all the information I/We have supplied is true and correct. I/We understand that I/We can be turned down for the property if I/We have falsified any information on this application. I/We hereby authorize the verification of all above information by American Tenant Screen including a business credit report. This application does not constitute a contract, lease or agreement for space.

COMPANY
NAME_______________________________________________________________

BY:_________________________________________________________________

DATE:___________

(Authorized Signature)

Please Fax Application to: 1-541-482-3153 or
Mail or submit form to:

AlleNorth Properties LLC 340 A St. – Suite 6 - Ashland, OR 97520

APPLICANT SCREENING FEE: $30.00
PAID____________DATE__________

(THE SCREENING CHARGE IS NON-REFUNDABLE. APPLICATION WILL NOT BE PROCESSED WITHOUT RECEIPT OF SCREENING FEE.)