

Corporate Properties Holding, Inc. Lease Application

Personal Information

Suite #: _____

| | | |
|----------------------|----------------|------------|
| Full Name: | | |
| Home Address: | | |
| Phone #: | Fax#: | |
| Cell #: | Email: | |
| Social Security #: | Date of Birth: | |
| Driver's License # : | State: | Exp. Date: |

Business Information

| | | |
|---|--------------------|--|
| Company Name: | | |
| Principal Owner/Officer: | | |
| Business Address: | | |
| Phone #: | Fax #: | |
| Cell #: | Email: | |
| Please Choose One: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other | | |
| Type of Business: | Years in Business: | |
| Description of Business Activities: | | |

Corporate Address (if any)/Mailing Address

| | |
|----------|------|
| Address: | |
| Phone: | Fax: |

Previous Landlord Information

| | |
|----------|------|
| Name: | |
| Address: | |
| Phone: | Fax: |

Previous Business Address

| | |
|----------|------|
| Address: | |
| Phone: | Fax: |

Contact for Emergency/Non-Payment

| | |
|-------|----------|
| Name: | Phone #: |
| Name: | Phone #: |

Bank References

| | |
|---------------|--------|
| Name of Bank: | Phone: |
| Address: | |
| Name of Bank: | Phone: |
| Address: | |

I confirm that all the information I have supplied above is true and correct.

Authorized Signature _____ Title _____

Print Name _____ Date _____