



BUSINESS INFORMATION				
LEGAL NAME TO APPEAR ON LEASE			BUSINESS TYPE <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	
TAX ID NUMBER	STATE REGISTERED	YEARS IN BUSINESS	BUSINESS DESCRIPTION	
STREET ADDRESS		CITY	STATE	ZIP
YEARS AT THIS LOCATION	LANDLORD NAME		LANDLORD PHONE	
MONTHLY RENT	REASON FOR LEAVING			
APPLICANT INFORMATION				
LAST NAME		FIRST NAME	SOCIAL SECURITY #	BIRTH DATE
MOBILE PHONE	WORK PHONE	HOME PHONE	EMAIL ADDRESS	
RELATION TO BUSINESS		MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single	SPOUSE'S NAME	
STREET ADDRESS		CITY	STATE	ZIP
YEARS AT THIS LOCATION	OWNERSHIP <input type="checkbox"/> Own <input type="checkbox"/> Rent	MORTGAGE HOLDER/LANDLORD		LANDLORD PHONE
FINANCIAL REFERENCES				
BANK NAME		ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT HOLDER	ACCOUNT NUMBER
BANK NAME		ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT HOLDER	ACCOUNT NUMBER
BROKERAGE NAME		ACCOUNT TYPE <input type="checkbox"/> Cash <input type="checkbox"/> Retirement	ACCOUNT HOLDER	ACCOUNT NUMBER
BROKERAGE NAME		ACCOUNT TYPE <input type="checkbox"/> Cash <input type="checkbox"/> Retirement	ACCOUNT HOLDER	ACCOUNT NUMBER
BUSINESS REFERENCES				
COMPANY NAME			PHONE	
COMPANY NAME			PHONE	
OTHER INFORMATION				
HOW DID YOU HEAR ABOUT THIS PROPERTY?				

I, the undersigned, hereby authorize Realty Service Company, Landlord, and its agents to obtain an investigative consumer credit report. I authorize the release of information from previous or current landlords, bank representatives, and business references. This application is to be used for the purpose of evaluating current and past credit position and financial credibility and is for the use and review only by those owners and representatives of the properties Applicant is interested in leasing. The confidentiality of the information being furnished by Applicant will be preserved except where disclosure of this information is required by applicable law or for the purposes of evaluating this proposed transaction.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

SUBMIT COMPLETED FORM VIA EMAIL TO  
JESS@KNOLLWOOD.CO

OR DELIVER TO THE LEASING OFFICE AT  
1300 MERCANTILE LANE, SUITE 130