



First Commercial Realty · Commercial Lease Application

Business Name: _____

Business Address: _____

When established: _____ Telephone: _____ Fax: _____

Name of responsible party: _____ Title: _____

Birth Date: _____ Social Security # _____ Drivers License # _____ State: _____

Home Address: _____

_____ E-mail: _____

Employer: _____ Telephone: _____

Address: _____

Previous Employer & Address, if less than 5 years: _____

_____ Telephone: _____

Name and Address of Landlord(s) last 5 years: _____

_____ Telephone: _____

BUSINESS REFERENCE

Bank Name & Address: _____

Bank Officer: _____ Telephone: _____

Type of Account: _____ Account # _____

Type of Account: _____ Account # _____

Please list two Trade Credit References, their phone numbers and your account # at those references:

Property and space you wish to lease: _____

Your signature authorizes First Commercial Realty to obtain a credit report on your business and/or you.

Signed: _____ Date: _____

Please fax to First Commercial Realty at (972) 966-1112

Or e-mail to: info@firstcommercialrealty.com