

LEASE APPLICATION



PHONE: 818.846.2188
FAX: 818.846.6065
EMAIL: jonan@pfaffl.com

PROPOSED UNIT ADDRESS: _____

Application Date _____

1 EXACT NAME OF ENTITY [name on Lease]		S.S.N.# or FED. I.D. No. (if corp.)		
Structure of Company		BUSINESS OPEN HOW LONG?	CONTACT PERSON	
CORPORATION (Indicate state)	L.L.C. (Indicate state)	HOW LONG BY THIS OWNER?	BUSINESS PHONE	
PROPRIETORS	PARTNERSHIP	HOW LONG AT THIS ADDRESS?	FAX NO.	
Business Address:		City	County	State Zip Code
Business Description:				
2 Owners/Officers/Partners - Indicate if Jr, Sr, II or III		Title	Own %	Home Address Zip Code
				Home Phone Social Security #
3 Business Banking References		Branch	Officer	Phone Account # Chkg Svngs Loan
				() () () () () ()
				() () () () () ()
4 Other Leases - Active		Contact	Phone	Account #
			()	
			()	
			()	
5 Trade/Supplier Credit References		City, State	Phone	Contact Name / Account #
			()	
			()	
			()	
			()	
			()	Landlord
6 Insurance Carrier Providing Coverage		Agent	Phone	Address
7 Remarks:				
8 COMPANY USE ONLY:				

I HEREWITH ENCLOSED A CHECK OR OTHER PAYMENT IN THE AMOUNT OF \$45.00 MADE PAYABLE TO JONAN PROPERTY SERVICES, INC. TO COVER THE COST OF MY CREDIT CHECK. THIS PAYMENT IS NON-REFUNDABLE.

I hereby authorize credit investigation on behalf of this company and its shareholders including business credit and personal credit as applicable. Our business, banking and trade references are hereby authorized and instructed to disclose all information requested in connection with this application for credit. A photocopy or facsimile of this authorization shall be as valid as the original.

By: _____ Title _____ Date: _____