Arrow Real Estate & Property Management, L.L.C. ■ 1417 15th Ave Suite # 6 Longview, WA 98632 ■ (360) 577-1078 ■ Fax: (360) 577-1083

COMMERCIAL LEASE APPLICATION

I. THE LANDLORD.	
Landlord/Lessor:	Date:
Property Address:	
Square Feet (SF):	Property Name (if any):
II. THE BUSINESS.	
Business Name:	
Principal Office Address:	
Phone Number:	E-Mail Address:
	Corporation \square - Partnership \square - Other
State of Incorporation: Federal TAX ID Number (FEI	IN):
Business Type:	IN): (e.g. "pharmacy", "convenience store", etc.)
Ownership refeeltage.	
Title: \square - President \square - CEO	□ - Vice President □ - Other
Driver's License Number:	State: Expiration Date:
Issued Date:	Expiration Date:
Social Security Number (SSN)):
2nd Owner/Principal:	
Ownership Percentage:	%
Title: \square - President \square - CEO	□ - Vice President □ - Other
Driver's License Number:	State:
Issued Date:	Expiration Date:
Social Security Number (SSN)).

IV. LEASE GUARANTEE.

	on(s) that will guarantee the Lease:	
Person 1:		
Person 2:		
V. RENTAL HIST	ORY.	
Present Address:		
Rent: \$	/ Month □ - Rent □ - Own □ - Other	
If Renting, Name of Previous Address:	f Landlord: Phone:	_
Rent: \$	/ Month □ - Rent □ - Own □ - Other	
	Landlord:Phone:	_
Rent: \$	/ Month □ - Rent □ - Own □ - Other	
If Rented, Name of Previous Address:	Landlord: Phone:	
VI. CREDIT REF	ERENCE. (Former Landlord, Bank, Vendor, etc.)	
1st Reference:		
Phone:	E-Mail Address:	
2nd Reference:		
Address:		
Phone:	E-Mail Address:	
3rd Reference:		
Address:	E-Mail Address:	
Phone:	L-Ivian Address.	

VII. CURRENT MONTHLY REVENUE.

Gross Revenue: \$	Total Expenses: \$	
VIII. CURRENT ASSETS.		
Cash on Hand & in Banks \$		
Savings Accounts \$		
Savings Accounts \$IRA/Retirement Accounts \$		
Accounts Receivable \$		
Insurance Cash Surrender \$		
Stocks & Bonds \$		
Real Estate \$		
`		
Vehicles \$Other Personal Property \$		
Other Personal Property \$		
Other \$		
Other \$		
Other\$		
Other \$ Total Assets: \$	_	
IX. CURRENT LIABILITIES.		
Accounts Payable \$		
Accounts Payable \$ Notes Payable to Banks \$		
Auto Payments \$		
Other Installment Accounts \$		
Loans on Life Insurance \$		
Mortgages on Real Estate \$		
Unpaid Taxes \$		
Unpaid Taxes \$ Other Liabilities	<u> </u>	
Other Liabilities		
Other Liabilities	\$	
Total Liabilities \$		

X. BANKING REFERENCES.

1st Account Bank Name	Phone
Bank Address	
Account Number	Type □ - Checking □ - Savings
2nd Account Bank Name Bank Address	Phone
Account Number	Type \square - Checking \square - Savings
XI. CONSENT.	
Landlord,	, the undersigned applicant(s) authorize the, or his/her/their agent to order and review story and investigate the accuracy of the information /We further authorize all banks, employers, creditors, nees, and any and all other persons to provide to Landlord eming my/our credit.
Tenant Signature	Date
Tenant Signature	Date