

# PROVISTA PROFESSIONAL SERVICES, INC.

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## Lease Application - Retail Property

Note: Please print. Please answer each question completely. If a question is not applicable, please write N/A.

Applying For: \_\_\_\_\_

### **SECTION A - COMPANY INFORMATION**

1. Company Name (include dba) \_\_\_\_\_  
Current Phone \_\_\_\_\_
2. Current Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Lessor \_\_\_\_\_  
Lessor's Phone \_\_\_\_\_ Length of Occupancy \_\_\_\_\_  
Reason for moving \_\_\_\_\_
3. Select one :     Corporation     Partnership     Sole proprietorship
4. If corporation, list date and state of incorporation and corporation number \_\_\_\_\_  
\_\_\_\_\_
5. Federal Tax I.D. Number  <sup>SSN</sup>  <sup>FED TAX ID</sup> \_\_\_\_\_ 6. Date Business Began \_\_\_\_\_
7. Specific Use of Premises \_\_\_\_\_
8. Name of Parent Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address of Parent Company \_\_\_\_\_
9. Please list all other businesses to be conducted, and all other business names to be used \_\_\_\_\_  
\_\_\_\_\_

### **SECTION B - OFFICER/PARTNER/OWNER INFORMATION**

1. Please give complete information for all officers/partners/owners -- Please use additional paper if necessary.
  - a. \_\_\_\_\_  
Full Name Home Phone  
\_\_\_\_\_  
Home Address  
\_\_\_\_\_  
SSN Date of Birth Cell Phone

b. \_\_\_\_\_  
 Full Name Home Phone  
 \_\_\_\_\_  
 Home Address  
 \_\_\_\_\_  
 SSN Date of Birth Cell Phone

2. In case of emergency, please contact \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_  
 Or \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**SECTION C - BUSINESS FINANCIAL INFORMATION (Please use additional paper if necessary)**

**1. Business Credit References**

Name	Address	City	Phone
_____	_____	_____	_____
_____	_____	_____	_____

**2. Business & Personal Bank Accounts**

Bank Name	Branch/Address	City	Phone	Account No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION D - BUSINESS DECLARATIONS (Please use additional paper if necessary)**

- Has this business, its officers, partners, or owners ever been delinquent in payment of any financial obligation? (If yes, please explain.)  
 \_\_\_\_\_
- Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer lawsuit or filed for bankruptcy? (If yes, please explain.)  
 \_\_\_\_\_

We hereby authorize ProVista Professional Services to verify all information on this application by contacting sources listed herein or any other sources available. We understand that if any information cannot be verified, this application may not be approved.

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
 By \_\_\_\_\_  
 Name Title

**PLEASE ANSWER EACH QUESTION COMPLETELY, PRINT THE APPLICATION, SIGN AND DATE, THEN FAX TO OUR OFFICE.**