

# COMMERCIAL LEASE APPLICATION – Mt. Olive Baptist Church

Please provide all of the information requested below. Incomplete information can delay the processing of your application.  
PLEASE PRINT CLEARLY.

## OCCUPANT(S)

Company

Address (Main Office)

Number Street City State Zip

DBA \_\_\_\_\_  Sole Prop  Partnership  Corp.

Corp. No. \_\_\_\_\_ Year Established

Employer ID# \_\_\_\_\_ Number of Employees

Type of Business

Gross Annual Revenue

Contact Person \_\_\_\_\_ Title

Phone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

## COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address

Number Street City State Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_ Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To

Reason for leaving

Landlord Name/Mortgage Co. \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Previous Address

Number Street City State Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_ Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To

Reason for leaving

Landlord Name/Mortgage Co. \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

## BANKING REFERENCE

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ Address

Number Street City State Zip

Account # \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Balance

## OTHER INFORMATION

### THE PRINCIPALS

1) \_\_\_\_\_ Title

Last First Middle

Social Security # \_\_\_\_\_ Date of Birth

Address \_\_\_\_\_ Number

Street City State Zip

### OTHER INFORMATION (continued)

#### THE PRINCIPALS

2) \_\_\_\_\_ Title

Last First Middle

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3) \_\_\_\_\_ Title \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CREDIT REFERENCES**

1) Company \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Address  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

2) Company \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Address  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

3) Company \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Address  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

**AUTHORIZATION**

Mt. Olive Baptist Church or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals.

1) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

By \_\_\_\_\_ TITLE \_\_\_\_\_

2) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

By \_\_\_\_\_ TITLE \_\_\_\_\_

3) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

By \_\_\_\_\_ TITLE \_\_\_\_\_