

# ARI-EL ENTERPRISES, INC.

## LEASE APPLICATION

29548 Southfield Road, Suite 200, Southfield, MI 48076-2028

Phone: 248-557-3800 Fax: 248-557-6442

PROPERTY ADDRESS TO BE LEASED\*: \_\_\_\_\_

Please fully complete all blanks. TYPE or PRINT CLEARLY in ink, using additional pages if necessary and attach a FINANCIAL STATEMENT. A personal Guaranty is required from all start-up companies with no credit history. **Please fax then mail original to our office.**

COMPANY NAME (Legal Entity or Individual to be used in the Lease)\*: \_\_\_\_\_

ASSUMED NAME / DBA / TRADE NAME: \_\_\_\_\_

COMPANY WEB SITE: www. \_\_\_\_\_

PRIMARY CONTACT\*: \_\_\_\_\_ E- MAIL: \_\_\_\_\_

PHONE\*: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL/HOME: \_\_\_\_\_

EMERGENCY CONTACT\*: \_\_\_\_\_ PHONE\*: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT (if different than above): \_\_\_\_\_ E- MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL/HOME: \_\_\_\_\_

MAILING ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_ STATE\*: \_\_\_\_\_ ZIP\*+4: \_\_\_\_\_ YEARS IN BUSINESS\*: \_\_\_\_\_

YEARS AT THIS LOCATION\*: \_\_\_\_\_ Please list additional locations and type of space (office / warehouse) below.

IS THIS FACILITY GOING TO BE A\*  RELOCATION  ADDITIONAL LOCATION  START-UP LOCATION, LEAVE NEXT TWO LINES BLANK

CURRENT LANDLORD\*: \_\_\_\_\_

LANDLORD CONTACT\*: \_\_\_\_\_ LANDLORD PHONE\*: \_\_\_\_\_

TYPE OF BUSINESS CONDUCTED\*:

PARENT OR HOLDING COMPANY\*: \_\_\_\_\_

TYPE OF OWNERSHIP\*:  CORPORATION  PUBLIC  PRIVATE  SOLE PROPRIETORSHIP  
 PARTNERSHIP  GENERAL  LIMITED  LLC

STATE OF INCORPORATION\*: \_\_\_\_\_ YEAR: \_\_\_\_\_ FED ID #: \_\_\_\_\_

REGISTERED AGENT & ADDRESS\*: \_\_\_\_\_

### LIST ALL OFFICERS OF CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY

FULL NAME*	COMPLETE RESIDENCE ADDRESS*	SOCIAL SECURITY NUMBER*	TITLE
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STOCKHOLDER?  YES  NO MARITAL STATUS:  MARRIED  SINGLE/DIVORCED/WIDOW OR WIDOWER

STOCKHOLDER?  YES  NO MARITAL STATUS:  MARRIED  SINGLE/DIVORCED/WIDOW OR WIDOWER

STOCKHOLDER?  YES  NO MARITAL STATUS:  MARRIED  SINGLE/DIVORCED/WIDOW OR WIDOWER

**\*MUST BE COMPLETED**

**TRADE REFERENCES (List a minimum of 3)**

**CONTACT NAME**

**ADDRESS**

**PHONE & FAX**

**CONTACT AND/OR  
ACCOUNT NUMBER**

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**BANK REFERENCES**

**PRIMARY BANK \***

**BANK NAME\***

**ADDRESS**

**FAX NUMBER\***

**ACCOUNT NUMBER\***

**ACCOUNT TYPE\***

**SECONDARY BANK**

**NAME**

**ADDRESS**

**FAX NUMBER**

**ACCOUNT NUMBER**

**ACCOUNT TYPE**

All information set forth in this Application is declared to be a true representation of the facts, made for the purposes of obtaining a lease. I authorize you to make further credit inquiries on the applicant, company and company's principal(s) as Landlord deems necessary.

\_\_\_\_\_  
Company\*

\_\_\_\_\_  
Authorized Signature\*

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date\*

\_\_\_\_\_  
(Please type or print name of person signing) \*

**\*MUST BE COMPLETED**