

**ARI-EL ENTERPRISES, INC.**  
**COMMERCIAL LEASE APPLICATION**

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

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

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

PLEASE PRINT CLEARLY.

Property Address to be Leased: \_\_\_\_\_

**OCCUPANT(S)**

Company Name: \_\_\_\_\_  SOLE PROP  CORP  PARTNERSHIP  LLC

DBA: \_\_\_\_\_ Registered in the State of: \_\_\_\_\_

Address (Main Office): \_\_\_\_\_

Corp. #: \_\_\_\_\_ Year Established: \_\_\_\_\_ Web site: \_\_\_\_\_

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

Gross Annual Revenue: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**COMMERCIAL RENTAL HISTORY**

Present Address: \_\_\_\_\_

Lease: \_\_\_\_\_ Own: \_\_\_\_\_ Monthly Payment \_\_\_\_\_ From/To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  RELOCATION  ADDITIONAL LOCATION  START-UP

Landlord Name/Mortgage Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Lease: \_\_\_\_\_ Own: \_\_\_\_\_ Monthly Payment \_\_\_\_\_ From/To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord Name/Mortgage Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

**BANKING REFERENCE**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Current Balance: \_\_\_\_\_

**OTHER INFORMATION**

**THE PRINCIPALS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**AUTHORIZATION**

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. Ari-El Enterprises, Inc. is hereby granted permission to perform a credit check on the applicant, company and company's principal(s) as Landlord deems necessary.

Company: \_\_\_\_\_

1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Title: \_\_\_\_\_

2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Title: \_\_\_\_\_

3) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR OFFICE USE ONLY**

NOTE: Advise the applicant to authorize banks, landlords and credit references to release all relevant information to Ari-El Enterprises

Remarks: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Property: \_\_\_\_\_ Unit/Suite #: \_\_\_\_\_ Rent: \_\_\_\_\_  
 Advised Applicants: \_\_\_\_\_ Not Accepted: Reason \_\_\_\_\_