



COMMERCIAL LEASE APPLICATION

29355 Northwestern Hwy., Suite 301, Southfield, MI 48034-1045

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. SIGN WHERE REQUIRED, ADD LEDGIBLE PHOTO ID then FAX OR EMAIL TO mmeredith@ari-el.com
Property Address to be Leased: _____

OCCUPANT(S)

Company Name: _____ LLC CORPORATION PARTNERSHIP SOLE PROPRIATOR

DBA: _____ Registered in the State of: _____

NOTE: IF YOU WILL BE PAYING FOR UTILITIES DIRECTLY TO THE PROVIDER FOR THE SPACE YOU ARE LEASING, YOUR COMPANY MUST BE REGISTERED IN THE STATE OF MICHIGAN IN ORDER TO TRANSFER THE UTILITIES INTO YOUR COMPANY NAME; GO TO: www.michigan.gov

Address (Main Office): _____

Year Established: _____ Web site: _____

Taxpayer ID # (TIN) as shown on W-9: _____ Number of Employees: _____

Gross Annual Revenue: _____ Type of Business: _____

Primary Contact:

Phone: _____ Fax: _____ E-mail: _____

I WILL ACCEPT ELECTRONIC COMMUNICATIONS: Yes No IF ASKED, I AGREE TO SIGN DOCUMENTS ELECTRONICALLY Yes No

Emergency Contact:

Phone: _____ E-mail: _____

Accounts Payable Contact: _____ Cell: _____

Phone: _____ Fax: _____ Cell: _____

COMMERCIAL OCCUPANCY HISTORY

Present Address: _____ City, State, Zip: _____

Lease: Own: Monthly Payment: _____ Occupied From/To: _____

Reason for leaving: _____ This is a: RELOCATION ADDITIONAL LOCATION START-UP

Landlord Name/Mortgage Co.: _____ Phone: _____ Fax: _____

Previous Address: _____ City, State, Zip: _____

Lease: Own: Monthly Payment: _____ Occupied From/To: _____

Reason for leaving: _____

Landlord Name/Mortgage Co.: _____ Phone: _____ Fax: _____

Have you ever been evicted? Yes No Any landlord/tenant law suits? Yes No

BANKING REFERENCE

Name: _____ Phone: _____ Fax: _____

Address: _____ City, State: _____

Checking Account #: _____ Current Balance: _____

OTHER INFORMATION

Number of Business Owners: _____

THE PRINCIPALS

COMPLETE FOR CREDIT CHECK OR PROVIDE CURRENT CREDIT REPORT(S)/CURRENT FINANCIAL STATEMENT

Name: _____ Title: _____ % Ownership Home Phone: _____

Home Address: _____ City, State, Zip: _____

Social Security #: _____ Date of Birth: _____

Name: _____ Title: _____ % Ownership Home Phone: _____

Home Address: _____ City, State, Zip: _____

Social Security #: _____ Date of Birth: _____

TRADE REFERENCES (List a minimum of 3)

Company: _____ Phone: _____ Fax: _____
 Account #: _____ Contact Person: _____ Email: _____

Company: _____ Phone: _____ Fax: _____
 Account #: _____ Contact Person: _____ Email: _____

Company: _____ Phone: _____ Fax: _____
 Account #: _____ Contact Person: _____ Email: _____

AUTHORIZATION

All information set forth in this Application is declared to be a true representation of the facts made for the purposes of entering into a lease. Ari-El Enterprises, Inc. is hereby granted permission to perform a credit and background 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: _____

COPY OF DRIVER'S LICENSE(S) OF LEASE SIGNATORIES:

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 _____