



# COMMERCIAL LEASE APPLICATION

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

Phone: 248-557-3800 Fax: 248-557-6442 [www.ari-el.com](http://www.ari-el.com)

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 [mmredith@ari-el.com](mailto:mmredith@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](http://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

## TENANT OWNERSHIP

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: \_\_\_\_\_

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: \_\_\_\_\_

**BANKING REFERENCE**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
Checking Account #: \_\_\_\_\_ Current Balance: \_\_\_\_\_

**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:**

ATTACHED ANOTHER PAGE IF REQUIRED

**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 \_\_\_\_\_