



2893 N. Harbor City Boulevard
Melbourne, FL 32935
Office: 321-259-1003
Fax: 321-473-7199
www.curriproperties.com

**COMMERCIAL LEASE APPLICATION
CONDITIONS AND INFORMATION**

All pages of this Lease application must be signed by all persons who will sign the lease agreement. Additional Tenant information is on Pages 2 & 3.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected usually within 5 (5) days of being submitted to Landlord. However, there is no obligation of Landlord to notify Tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before tenancy begins.

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

Signed: _____ Date: _____

Print Name: _____

Signed: _____ Date: _____

Print Name: _____

For Landlord's Use Only
Rent Amount:
Deposit:
Date Lease to begin:
End of Lease:

Applicant Initial: _____

Applicant Initial: _____



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COMMERCIAL LEASE APPLICATION

Date of Application: _____

Location of Leased Premises: _____

Business Name: _____

Proposed Use of Premises: _____

Other Business Locations: _____

Start Up Business? Yes No Years in Business? _____

Name of Person(s) who will sign Lease:

Person 1: _____ DOB: _____

SSN: _____ Driver License No: _____ State: _____

Contact Number(s): _____

Person 2: _____

SSN: _____ Driver License No: _____ State: _____

Contact Number(s): _____

Is your business a corporation, LLC or other entity? Yes No

- If yes, what form of business entity? _____

- Federal Tax ID Number: _____

- State in which entity was formed? _____

- Names of Person(s) who will Guarantee Lease

 Person 1: _____

 Person 2: _____

- Registered Agent Name: _____

- Address for Registered Agent: _____

- City, State, Zip: _____

Applicant Initial: _____

Applicant Initial: _____



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COMMERCIAL LEASE APPLICATION (Cont'd)

*Previous Landlords/Agent: *Please list a minimum of (2)*

Name: _____ Phone: _____

Address of Leased Property: _____

City, State, Zip: _____

Length of Time at Address: _____ Type of Business: _____

Name: _____ Phone: _____

Address of Leased Property: _____

City, State, Zip: _____

Length of Time at Address: _____ Type of Business: _____

Business Credit References:

Name: _____

Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____

Name: _____

Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____

Applicant Initial: _____

Applicant Initial: _____



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COMMERCIAL LEASE APPLICATION (Cont'd)

Bank Information:

Institution Name: _____ City _____

Branch/Acct Mgr: _____ Phone: _____

Type of Account: _____ Account #: _____

Institution Name: _____ City _____

Branch/Acct Mgr: _____ Phone: _____

Type of Account: _____ Account #: _____

DISCLOSURE OF MANAGER:

The Manager of the Premises is _____ Phone: _____

Address: _____

City, Stat, Zip: _____

CONSENT TO CREDIT CHECK

I/We, _____, the undersigned applicant(s) authorize Landlord, _____, or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Signed: _____ Date: _____

Print Name: _____

Signed: _____ Date: _____

Print Name: _____

Applicant Initial: _____

Applicant Initial: _____