NORTHWEST PLAZA
OFFICE BUILDINGS

COMMERCIAL LEASE APPLICATION

Business Information

Business Name: _____
Business Address: _____
City, State, ZIP: _____
Business Phone: _____
Personal Phone: _____
Email Address: _____
Website (Optional): _____

Applicant Information

Full Name: _____
Home Address: _____
City, State, ZIP: _____
Driver License Number: _____
Social Security Number: _____
Date of Birth: _____

Business Details

Type of Business: _____
Intended Use of Space: _____
Years in Business: _____
Current Business Location: _____
Estimated Monthly Revenue (Optional): _____

Emergency Contact

Name: _____
Relationship: _____
Phone: _____
Email: _____

Qualification Questions

Have you ever been evicted? □ Yes □ No
Have you ever broken a commercial lease? □ Yes □ No
Have you ever filed bankruptcy? □ Yes □ No
Have you ever had a judgment or lien? □ Yes □ No
If yes, please explain:

_____
_____
_____
_____

Applicant Certification

I certify that all information provided is true and authorize Northwest Plaza Office Buildings to verify the information provided.

Applicant Signature: _____ Date: _____

Office Use Only

Suite: _____
Square Footage: _____
Lease Term: _____
Monthly Rent: _____
Security Deposit: _____
Move-In Date: _____
Move-In Special: _____
Leasing Agent: _____
Approval Date: _____
Notes: _____

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Security Deposit Cancellation Policy

To reserve a suite at Northwest Plaza Office Buildings, a security deposit is required within 48 hours of application approval. If an applicant cancels more than forty-eight (48) hours after paying the security deposit, the security deposit is NON-REFUNDABLE. By signing below, the applicant acknowledges and agrees to this policy.

Applicant Name: _____
Applicant Signature: _____
Date: _____
Northwest Plaza Representative: _____
Representative Signature: _____