



COMMERCIAL LEASE APPLICATION

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

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

Cell: _____

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

Emergency Contact:

Phone: _____ Fax: _____ E-mail: _____

Cell: _____

Accounts Payable Contact:

Phone: _____ Fax: _____ E-mail: _____

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? _____ Any landlord/tenant law suits? _____

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: _____

Date of Birth: _____ Social Security #: _____

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

Home Address: _____ City, State, Zip: _____

Date of Birth: _____ Social Security #: _____

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

Home Address: _____ City, State, Zip: _____

Date of Birth: _____ Social Security #: _____

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

Home Address: _____ City, State, Zip: _____

Date of Birth: _____ Social Security #: _____

BANKING REFERENCE

Bank Name: _____ Phone: _____ Fax: _____
Bank 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: _____
(Print Name) (Print Title)

2) Signature: _____ Date: _____

By: _____ Title: _____
(Print Name) (Print 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 Applicant(s): _____ If Not Accepted, Reason: _____