

Commercial Rental Application Form

Property applying for _____

Move In: ____/____/____

Company
Name _____

Principal's
Name _____

Business

Address _____ City _____ St _____ Zip _____

Phone # () _____ Fax # () _____

Alternate Business
Name(s) _____

Please Choose One: Corporation, Partnership, Sole Proprietor, Other

Years in business _____

Type of business _____

Description of business
activities _____

BUSINESS REFERENCE:

Company Name _____
Address _____ City _____ St _____ Zip _____

Phone#() _____

Fax#() _____

Company Name _____
Address _____ City _____ St _____ Zip _____

Phone#() _____

Fax#() _____

BANK REFERENCE:

Name of Bank _____

Contact Name _____

Address _____

City _____ St _____ Zip _____

Phone#() _____

Fax#() _____

Name of Bank _____

Contact Name _____

Address _____

City _____ St _____ Zip _____

Phone#() _____

Fax#() _____

We confirm that all the information I/We have supplied is true and correct. I/We understand that I/We can be turned down for the property if I/We have falsified any information on this application. I/We hereby authorize the verification of all above information by American Tenant Screen including a business credit report. This application does not constitute a contract, lease or agreement for space.

COMPANY
NAME _____

BY: _____

DATE: _____

(Authorized Signature)

**Please Fax Application to: 1-541-482-3153 or
Mail or submit form to:**

AlleNorth Properties LLC 340 A St. – Suite 6 - Ashland, OR 97520



APPLICANT SCREENING FEE: \$30.00
PAID _____ DATE _____

**(THE SCREENING CHARGE IS NON-REFUNDABLE.
APPLICATION WILL NOT BE PROCESSED WITHOUT
RECEIPT OF SCREENING FEE.)**