

COMMERCIAL LEASE APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application. **PLEASE PRINT CLEARLY and include a copy of your ID.**



OCCUPANT(S)

Company _____

Address (Main Office) _____

Number	Street	City	State	Zip
DBA _____		<input type="checkbox"/> Sole Prop	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corp.
Corp. No. _____		Year Established _____		
Employer ID# _____		Number of Employees _____		
Type of Business _____				
Gross Annual Revenue _____				
Contact Person _____		Title _____		
Phone # () _____		Fax # () _____		

COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address _____

Number	Street	City	State	Zip
Rent _____	Own _____	Rental/Mortgage Amount Paid Monthly _____		
From/To _____				
Reason for leaving _____				
Landlord Name/Mortgage Co. _____				
Phone # () _____				

Previous Address _____

Number	Street	City	State	Zip
Rent _____	Own _____	Rental/Mortgage Amount Paid Monthly _____		
From/To _____				
Reason for leaving _____				
Landlord Name/Mortgage Co. _____				
Phone # () _____				

BANKING REFERENCE

Name _____ Phone # () _____

Address _____

Number	Street	City	State	Zip
Account # _____	Checking _____	Savings _____	Balance _____	

OTHER INFORMATION

THE PRINCIPALS

1) _____ Title _____
Last _____ First _____ Middle _____

Social Security # _____ Date of Birth _____

Address _____

Number	Street	City	State	Zip
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OTHER INFORMATION (continued)

THE PRINCIPALS

2) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Address _____
Number _____ Street _____ City _____ State _____ Zip _____

3) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Address _____
Number _____ Street _____ City _____ State _____ Zip _____

CREDIT REFERENCES

1) Company _____ Phone # (_____) _____

Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Account # _____ Contact Person _____

2) Company _____ Phone # (_____) _____

Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Account # _____ Contact Person _____

3) Company _____ Phone # (_____) _____

Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Account # _____ Contact Person _____

AUTHORIZATION: Milestone USA LLC or any members or firm acting on its behalf is hereby granted permission to perform a credit/background check on it's company and/or it's principals.

1) SIGNATURE: _____ DATE: _____
By _____ TITLE: _____

2) SIGNATURE: _____ DATE: _____
By _____ TITLE: _____

3) SIGNATURE: _____ DATE: _____
By _____ TITLE: _____

**Milestone USA LLC
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Park, GA 30297
404-507-2616**

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*****Application Fee is \$25*****