Ariana Properties
90 Madison Street, Suite 106 Denver, Colorado 80206
Telephone: (303)-321-4987, Fax (303)-321-4911

COMMERCIAL LEASE APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application.
PLEASE PRINT CLEARLY.

OCCUPANT:(S)

Company _____

Address (Main Office)_____
Number Street City
State _____ Zip _____

DBA:_____ Place an X next to the one that applies : Sole Prop Partnership 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_____

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

Ariana Properties LLC, or any employee acting on its behalf is hereby granted permission to perform a credit check and background check on our company and/or its principals.

1) SIGNATURE:_____DATE_____
By_____TITLE _____

2) SIGNATURE:_____DATE_____
By_____TITLE_____

3) SIGNATURE:_____DATE_____
By_____TITLE_____