

EXECUTIVE SUITES



5534 Pulaski Avenue
Philadelphia, PA
19144

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Philadelphia, PA 19144
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COMMERCIAL LEASE APPLICATION

Landlord/Lessor: _____

Location of Premises: _____

Business Name: _____

Name of Person(s) who will sign lease: _____

Person 1: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

Phone: _____

Person 2: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

Phone: _____

Is your business a corporation, LLC or other entity? _____

If other, please specify form of business entity: _____

Federal Tax ID Number: _____

State in which entity formed? _____

Proposed Use of Premises: _____

Other Business Locations: _____

Business Experience: _____

References:

Name: _____

Address _____

City State Zip _____

Conditions and Information

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected within ten (10) days of being submitted to Landlord. However, there is no obligation of Landlord to notify tenant unless application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before tenancy begins.

For Landlord's Use Only

Rent Amount:

Deposit:

Date Lease to Begin:

End of Lease:

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into the lease.

Signed: _____ Date: _____

Signed: _____ Date: _____