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COMMERCIAL LEASE APPLICATION

(Please provide all of the information requested below. Incomplete information can delay the processing of your application.)

PLEASE PRINT CLEARLY.

PROPERTY ADDRESS APPLYING FOR: _____

OCCUPANT(S)

Company Name: _____

Address (Main Office) _____
Number Street City State Zip

DBA _____

Sole Prop () Partnership () Ltd Partnership () Corporation () SS# or Tax ID # _____

Year Established: _____ Employer ID# _____ Number of Employees: _____

Type of Business: _____ Gross Annual Revenue: _____

Contact Person: _____ Title: _____ Cell #: _____

Phone # _____ Fax # _____ Email: _____

COMMERCIAL RENTAL HISTORY

Present Address: _____
Number Street City State Zip

Rent: () Own: () Rent or Mortgage Amount Paid Monthly: \$ _____

From/To: _____ Reason for leaving: _____

Landlord Name/Mortgage Co.: _____ Phone: _____

Previous Address: _____
Number Street City State Zip

BANKING REFERENCE

Name of Bank: _____ 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: _____

Home Address: _____
Number Street City State Zip

Telephone: () _____ Cell: () _____ Email: _____

THE PRINCIPALS

2) _____
Title Last First Middle

Social Security # _____ Date of Birth: _____

Home Address: _____
Number Street City State Zip

Telephone: () _____ Cell: () _____ Email: _____

CREDIT REFERENCES

1) Company: _____ Phone # () _____

Address: _____
Number Street City State Zip

Account # _____ Contact Person: _____ Tel: _____

2) Company: _____ Phone # () _____

Address: _____
Number Street City State Zip

Account # _____ Contact Person: _____ Tel: _____

3) Company: _____ Phone # () _____

Address: _____
Number Street City State Zip

Account # _____ Contact Person: _____ Tel: _____

AUTHORIZATION

Jim Wright Company or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals.

1) SIGNATURE: _____ Company Name: _____

By: _____ Title: _____ Date: _____
Printed Name

FOR OFFICE USE ONLY

NOTE: Advise the applicant to authorize banks, landlords, and credit references to release all relevant information to Jim Wright Company.

Remarks: _____

Move in Date: _____ Address and Suite # _____

Rent \$ _____ Deposit: \$ _____ Lease Commencement: _____ End: _____

Not Accepted: Reason _____