

PO Box 37 • 8547 Macomb St, Grosse IIe, MI 48138 Phone & Fax: (734) 362-8590 • SLATSenterprises.com

COMMERCIAL RENTAL APPLICATION

Property Address:	
Name of Company: _	
_	
Tax ID #/ Social Security #:_	
Social Security #:_	
Telephone #:_	
Will current location remain	in operation: Yes No
Rent or Own:	Rent Own
	**if applicable)
	- FF X
Account Number:	

PERSONAL HOUSING OR RENIAL I	KELEKENCE2:			
Personal Address:_				
_				
Rent or Own:	n: Rent Own			
Landlord Telephone #:_	(**if applicable)	if applicable)		
Bank/Mortgage Info:_				
Loan #:_				
CREDIT REFERENCES:				
_1)				
Name	Address	Telephone #		
2)				
Name	Address	Telephone #		
3)				
Name	Address	Telephone #		
In case of an emergency, conta	ct the following FAMIL	MEMBER:		
Name	Relationship	Telephone #		
Address	City, State	Zip		
		perform necessary credit investigation for purposes	of	
qualitying pr	ospective tenants. All int	ormation provided is confidential.		
Signed:				
Signed:				
Date:			_	
		EQUALIFOUSING C	え	
	FOR OFFICE	USE ONLY		
Lease Rate:		urity Deposit:		
Lease Term:		-rated rent:		

Occupancy:

Start date: