

# River Valley Property Management

2822 London Rd, Eau Claire, WI 54701

715-833-8888 www.rvpm.com

## 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 \_\_\_\_\_ ☐ 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/Mortgage Co. \_\_\_\_\_

Present Address \_\_\_\_\_  
Number Street City State Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_ Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord/Mortgage Co. \_\_\_\_\_

### BANKING REFERENCE

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Account # \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

### OTHER INFORMATION

#### THE PRINCIPALS

1) Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

## THE PRINCIPALS continued

2) Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

3) Name \_\_\_\_\_

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 \_\_\_\_\_

2) Company \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

## AUTOMOBILE INFORMATION

Auto Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Auto Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

## EMERGENCY INFORMATION

In case of emergency, please contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

## AUTHORIZATION

Applicant consents to routine inquiries of references and credit agencies to provide applicable information concerning applicant's character, creditworthiness, reliability, income, and credit history.

1) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

By \_\_\_\_\_

2) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

By \_\_\_\_\_

3) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

By \_\_\_\_\_

Please include a copy of your financial statement with this application.