



COMMERCIAL APPLICATION FORM

This section is to be completed by the Applicant. Once Applicant is approved, a separate lease document will be drawn up between the Lessor and Lessee. Applicant must be at least 18 years old. No smoking is permitted in or around premises. A \$35.00 application and processing fee is required for each application. Payment must be in cash, cashiers check or money order.

PROPERTY/UNIT FOR LEASE			NAME OF OWNER/MANAGER			
ENTITY INFORMATION						
NAME			TAX ID#			
STREET ADDRESS			TELEPHONE ()			
			FAX ()			
CITY	STATE	ZIP	EMAIL			
ENTITY - CHECK TYPE						
D/B/A _____		LLC _____		State of Formation or Jurisdiction _____		
C Corporation _____		Limited Partnership _____				
S Corporation _____		Partnership _____				
PRINCIPAL OFFICER, OWNER, MANAGER: fill in applicable personal information						
D/B/A (Principal Owner must fill in and execute)	LAST NAME		FIRST NAME		MI	
	ADDRESS					
	CITY		STATE		ZIP	
	PHONE ()		EMAIL			
	SSN - - -	DRIVER'S LICENSE #			STATE	
	TITLE		D.O.B.			
LLC (Manager or Member - Manager must fill in and execute)	LAST NAME		FIRST NAME		MI	
	ADDRESS					
	CITY		STATE		ZIP	
	PHONE ()		EMAIL			
	SSN - - -	DRIVER'S LICENSE #			STATE	
	TITLE		D.O.B.			
S/C Corporation (President or Principal Owner must fill in and execute)	LAST NAME		FIRST NAME		MI	
	ADDRESS					
	CITY		STATE		ZIP	
	PHONE ()		EMAIL			
	SSN - - -	DRIVER'S LICENSE #			STATE	
	TITLE		D.O.B.			
Partnership and Limited Partnerships (General Partner must execute. If General Partner is an entity, an individual Partner or Corp. Officer or Manager must execute)	LAST NAME		FIRST NAME		MI	
	ADDRESS					
	CITY		STATE		ZIP	
	PHONE ()		EMAIL			
	SSN - - -	DRIVER'S LICENSE #			STATE	
	TITLE		D.O.B.			
REFERENCES: BANKING & TRADE REFERENCES OF ENTITY						
PRINCIPAL BANKING INSTITUTION:	NAME					
	ADDRESS					
	PHONE ()		CONTACT PERSON:			
	TYPE OF ACCOUNTS					

TRADE/VENDOR REFERENCES (2)	NAME	
	ADDRESS	
	PHONE ()	CONTACT PERSON:
	RELATIONSHIP	
	NAME	
	ADDRESS	
	PHONE ()	CONTACT PERSON:
	RELATIONSHIP	

BACKGROUND INFORMATION

HAVE YOU OR THE ENTITY EVER:	A. Filed for bankruptcy? If so, indicate when and where.
	B. Failed to pay rent or mortgage when due? If so, indicate when and why.
	C. Been a party to an eviction proceeding? If yes, please provide Property Address, City, State, Landlord Name , Case Name, Court and Docket #.
	D. Been convicted of a crime? If yes, please provide for each conviction: Type of Offense, Date of Offense, County, State.

OTHER INFORMATION

Please include any other information you believe would help to evaluate this application.

CERTIFICATION AND CONSENT

I authorize Progressive Management Ent., Inc, to pull my personal credit report, to contact any companies, individuals, government entities, and/or consumer or credit reporting bureaus for the purposes of verifying information herein, reporting on any past criminal, credit and rental history, and to report to and provide any and all such information to the above referenced Owner/Manager.

On behalf of the above referenced firm/entity, I also authorize Progressive Management Ent., Inc, to pull its credit report to contact any individuals , companies, government entities and any consumer or credit reporting bureaus for the purposes of verifying the information herein, reporting on any past criminal, credit and rental history, and to provide any and all such information to the above referenced Owner/Manager.

For myself and the above referenced firm/entity, I authorize Progressive Management Ent., Inc, to record all such information. It may release, re-use and re-publish such information without fee or compensation, and we release and hold Progressive Management Ent., Inc, harmless from any and all liability for said acts.

Signature: _____

I herein swear and affirm the information contained in this application is true and complete, and of my authority to so act for and on behalf of the above referenced firm/entity. I understand any material misstatements or misrepresentations herein may serve as a reason to deny this application or could constitute a breach of any lease entered.

Signature: _____

I authorize the above referenced Owner/Manager to contact any Bank, financial institutions, creditors or vendors listed herein above for the purposes of ascertaining the account status, financial condition, payment history, credit standing and spending limits of the herein referenced firm/entity. I state and affirm that I have authority to grant this consent.

Date: _____ Signature: _____