

ATLANTIC REALTY AND DEVELOPMENT COMMERCIAL LEASE APPLICATION

Applicant Information

Full Name:

Home Address:

Phone Number: Email Address:

Driver's License No. / State:

Date of Birth: Social Security (Last 4 Digits):

Business Name:

Business Address:

Federal Tax ID (EIN): Business Entity Type (Corp, LLC, etc):

Current Landlord Name:

Phone / Email:

Monthly Rent: Length of Tenancy:

Previous Landlord Name: (if less than 3 years at current):

Phone / Email:

Monthly Rent: Length of Tenancy:

Vendor Credit References

Contact Person + Phone / Email

1)

2)

3)

Acknowledgment & Authorization

I certify that the information provided above is true and complete. I authorize Atlantic Realty and Development to verify any information provided, including credit, landlord, and vendor references, as necessary for evaluating this application. I understand that providing false or misleading information may result in the rejection of this application or termination of any lease agreement entered into as a result of it. I further authorize Atlantic Realty and Development and its agents to obtain consumer credit reports, background checks, and other information as deemed necessary for processing this application.

Applicant Signature: _____

Date: _____

Instructions

Please email completed application to: Linda Sciame atlantic4913@aol.com

Include: Three (3) months bank statements (business or personal) and two (2) years Federal tax returns (first two pages only of **ACTUAL RETURN**)