

Realtor/Management Co.
Champions Management
3302 Shorecrest Drive
Dallas, TX 75235
Ph: 214-352-5348
Fax: 214-351-4916

Property / Lease Information:
Property: _____ Mo. Rent: _____
Sec. Dep. _____ Lease Begin: _____ Lease End: _____

COMMERCIAL LEASE APPLICATION

INDIVIDUAL:

Applicant's Full Name: _____ Social Security #: _____
Birthdate: _____ Drivers License No: _____ State: _____
Current Address: _____
Residence Phone: _____ Other: _____ FAX: _____
Email: _____
If less than 2 years at current address, List previous address. _____

Please list 2 personal references and their telephone numbers and describe the relationships:

BUSINESS Name: _____
Tax I.D.No: _____
Type of Business: (Corp,Gen'l Partnership,etc) _____
Current Address: _____
Telephone Number: _____ Fax: _____
Email and/or website: _____
Current Landlord: _____ Length of Tenancy: _____
Phone: _____ Landlord Contact/Manager: _____

If less than two years at current address, pls. list former address and name of Landlord: _____

Landlord Phone #: _____ Fax: _____
Email: _____
Banking Reference: _____
Type Account: _____ AccountNo.: _____
Type Account: _____ Account No: _____
Phone No: _____
Bank Officer: _____
Bank Address: _____

Please list 2 Trade Credit References, their telephone numbers, and your account numbers at those references: _____

I am enclosing my most recent financial statement which shall become a part of this application. The facts set forth in this application are true and complete. Champions Management is hereby authorized to make any investigation of my personal background and credit record through any investigation of banks, credit agencies or bureaus of their choice.

APPLICANT'S SIGNATURE:

Signed: _____ Date: _____