



RENTAL APPLICATION

Please complete the following application and return it along with the signed letter of agreement for the lease business terms to our offices by mail or fax at 312-840-9002.

Please mail your \$30 application processing fee to:

*162 W. Hubbard
Suite 300
Chicago Illinois 60610*

Company Name _____

Primary Contact's Name _____

Alternate Contact _____

Telephone _____

Cell Phone _____ Home Phone _____

Fax _____ Pager _____

Alt. Phone # _____

Present Address _____

City, State, Zip Code _____

How long have you been at present address? _____

Home Address _____

City, State, Zip Code _____

Social Sec. No. _____

Driver's Lic. No. _____

Birthdate _____

Intended Use of Space _____ Yrs in Buisness: _____

Type of Business: _____ State of Incorporation: _____

Current Landlord _____ Telephone _____

Prior Landlord _____ Telephone _____



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Name of Bank _____

Banker's Name _____

____ Checking Account No. _____

____ Savings Account No. _____

Professional References

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I represent that the information provided in this application is true to the best of my knowledge. You are hereby authorized to verify my credit and references in connection with the processing of this application. I acknowledge receipt of a copy of this application.

Dated: _____

Applicant