Merritt Realty Corporation Tenant Overview

Required Documents

Driver License

Three Months Bank Statements

- Personal
- Business

Completed Application



Merritt Realty Corporation Tenant Overview

Name of Company _____

DBA _____

Description of Business _____

_____
_____
_____
_____
_____
_____
_____
_____
_____

Use Clause _____

_____
_____
_____
_____
_____
_____

Summary of Business Plan _____

_____
_____
_____
_____
_____
_____
_____
_____
_____

MERRITT COMMERCIAL LEASE APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application.

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 Name/Mortgage Co. _____ Phone # (_____) _____

Previous Address _____
Number Street City State Zip

Rent ◯ Own ◯ Rental/Mortgage Amount Paid Monthly _____ From/To _____

Reason for leaving _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

BANKING REFERENCE

Name _____ Phone #(_____) _____

Address _____
Number Street City State Zip

Account # _____ Checking _____ Savings _____ Balance _____

OTHER INFORMATION

THE PRINCIPALS

1) _____ Title _____
Last First Middle

Social Security # _____ Date of Birth _____

Address _____
Number Street City State Zip

OTHER INFORMATION (continued)

THE PRINCIPALS

2)_____ Title _____
Last First Middle

Social Security #_____ Date of Birth _____

Address_____
Number Street City State Zip

3)_____ Title _____
Last First Middle

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 _____

3) Company _____ Phone # (_____)

Address_____
Number Street City State Zip

Account # _____ Contact Person _____

AUTHORIZATION

LYNX Property Management Inc. or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals.

1) SIGNATURE:_____ DATE _____

By _____ TITLE _____

2) SIGNATURE:_____ DATE _____

By _____ TITLE _____

3) SIGNATURE:_____ DATE _____

By _____ TITLE _____