

AMIG Corp.

COMMERCIAL LEASE APPLICATION

Date: ____ / ____ / ____

1. LANDLORD INFORMATION.

Landlord/Lessor: AMIG. Management

Property Address: _____

Square Feet (SF): _____ Property Name (if any): _____

2. THE BUSINESS.

Business Name: _____

Principal Office Address: _____

Phone: _____ E-Mail Address: _____

Type of Entity: ☐ - LLC ☐ - Corporation ☐ - Partnership ☐ - Other _____

State of Incorporation: _____

Federal TAX ID Number (FEIN): _____

Business Type: _____ (e.g. "pharmacy", "convenience store", etc.)

3. TENANT INFORMATION.

Owner / Principal: _____

Ownership Percentage: ____ %

Title: ☐ - President ☐ - CEO ☐ - Vice President ☐ - Other _____

Driver's License Number: _____ State: _____

Issued Date: _____ Expiration Date: _____

Social Security Number (SSN): _____

2nd Owner / Principal: _____

Ownership Percentage: ____ %

Title: ☐ - President ☐ - CEO ☐ - Vice President ☐ - Other _____

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Driver's License Number: _____ State: _____

Issued Date: _____ Expiration Date: _____

Social Security Number (SSN): _____

4. LEASE GUARANTEE.

Name(s) of the Person(s) that will Guarantee the Lease:

Person 1: _____

Person 2: _____

5. RENTAL HISTORY.

Present Address: _____

Cost: \$ _____ / Month (☐ - Rent ☐ - Own ☐ - Other _____)

If Renting, Name of Landlord: _____ Phone: _____

Previous Address: _____

Cost: \$ _____ / Month (☐ - Rent ☐ - Own ☐ - Other _____)

If Rented, Name of Landlord: _____ Phone: _____

Previous Address: _____

Cost: \$ _____ / Month (☐ - Rent ☐ - Own ☐ - Other _____)

If Rented, Name of Landlord: _____ Phone: _____

6. CREDIT REFERENCE. (Former Landlord, Bank, Vendor, etc. – NO friends/family)

1st Reference: _____

Address: _____

Phone: _____ E-Mail Address: _____

2nd Reference: _____

Address: _____

Phone: _____ E-Mail Address: _____

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3rd Reference: _____

Address: _____

Phone: _____ E-Mail Address: _____

7. CURRENT MONTHLY REVENUE.

Gross Revenue: \$ _____

Total Expenses: \$ _____

8. CURRENT ASSETS.

Cash on Hand & in Banks \$ _____

Savings Accounts \$ _____

IRA/Retirement Accounts \$ _____

Accounts Receivable \$ _____

Insurance Cash Surrender \$ _____

Stocks & Bonds \$ _____

Real Estate \$ _____

Vehicles \$ _____

Other Personal Property \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

TOTAL ASSETS: \$ _____

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9. CURRENT LIABILITIES.

Accounts Payable	\$ _____
Notes Payable to Banks	\$ _____
Auto Payments	\$ _____
Other Installment Accounts	\$ _____
Loans on Life Insurance	\$ _____
Mortgages on Real Estate	\$ _____
Unpaid Taxes	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

TOTAL LIABILITIES \$ _____

10. BANKING REFERENCES.

1st Account Bank Name _____ Phone _____
Bank Address _____
Account Number _____ Type ☐ - Checking ☐ - Savings

2nd Account Bank Name _____ Phone _____
Bank Address _____
Account Number _____ Type ☐ - Checking ☐ - Savings

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11. CONSENT.

I/We, _____, the undersigned applicant(s) authorize the Landlord, AMIG. Management, or their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Tenant Signature _____ **Date** _____

Tenant Signature _____ **Date** _____