



2677 Kennedy Rd. Suite 26-1B
 Scarborough, Ontario M1T 3H8
 Phone: (416) 299-4822 Fax: (416) 299-8499

Commercial Leasing Application Form

Full Name: _____

Current Address: Street #: _____ Street Name: _____

City: _____ Province: _____ Postal Code: _____

Home #: () - _____ Work #: () - _____ Ext #: _____

Mobile #: () - _____ Fax #: () - _____

Number of Years at Current Address: _____

Previous Address Street #: _____ Street Name: _____
 (if less than five years): _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Social Insurance Number: _____

Drivers License Number: _____

Vehicle Information: License Plate Number: _____ Make: _____ Model: _____ Year: _____

Bank Name: _____

Phone #: () - _____ Fax #: () - _____

Bank Address: Street #: _____ Street Name: _____

City: _____ Province: _____ Postal Code: _____

Account Number: _____

Bank Name: _____

Phone #: () - _____ Fax #: () - _____

Bank Address: Street #: _____ Street Name: _____

City: _____ Province: _____ Postal Code: _____

Account Number: _____

Credit Card: Provider (ie: Visa, MasterCard...): _____ Account Number: _____

Credit Card: Provider (ie: Visa, MasterCard...): _____ Account Number: _____

Spouses Full Name: _____

Spouses Date of Birth: Month: _____ Day: _____ Year: _____

Your Place of Employment: _____

Name of Employer: _____

Phone #: () - Fax #: () -

Address of Employment: Street #: Street Name: _____

City: _____ Province: _____ Postal Code: _____

Job Title: _____

Number of Years at Current Employment: _____ Income: _____

Previous Place(s) of Employment
(if less than five years): _____

Spouses Company
of Employment: _____

Name of Employer: _____

Phone #: () - Fax #: () -

Address of Employment: Street #: Street Name: _____

City: _____ Province: _____ Postal Code: _____

Job Title: _____

Number of Years at Current Employment: _____ Income: _____

Previous Place(s) of Employment
(if less than five years): _____

Do you own your own home? _____

Amount of Mortgage: _____

Name of Mortgage Provider: _____

Address of Mortgage Provider: Street #: Street Name: _____

City: _____ Province: _____ Postal Code: _____

Mortgage Number: _____

Do you rent? _____

Name of Landlord: _____

Phone #: () - Fax #: () -

Landlords Business Address: Street #: Street Name: _____

City: _____ Province: _____ Postal Code: _____

Monthly Rent Payments: _____

Loans or Obligations
(Secured / Unsecured): _____

References: (may not be relatives or friends – preferably Lawyer, Accountant, Someone of Professional Status...)

1st Person of Reference:

Full Name: _____

Company of Employment: _____

Job Title: _____

Home #: () - _____ Work #: () - _____ Ext #:

Mobile #: () - _____ Fax #: () - _____

Address of Employment: Street #: Street Name: _____

City: _____ Province: _____ Postal Code: _____

2nd Person of Reference:

Full Name: _____

Company of Employment: _____

Job Title: _____

Home #: () - _____ Work #: () - _____ Ext #:

Mobile #: () - _____ Fax #: () - _____

Address of Employment: Street #: Street Name: _____

City: _____ Province: _____ Postal Code: _____

NAME & METHOD OF CONTACT PERSONS TO CONTACT IN EMERGENCY:

I/We, the undersigned, are hereby notified that a Consumer Report containing credit information and/or personal information may be deferred to in connection with this transaction, and hereby consent to the Landlord's obtaining same, from time to time as he may deem necessary. I also acknowledge that any false statement contained on this Application Form or non-disclosure of requested information may result in appropriate action to be determined at the Landlord's sole discretion.

Applicants Signature

Date