



**APPLICATION FOR COMMERCIAL/OFFICE TENANCY**

Name of Property: \_\_\_\_\_ Date \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Company / Corporation Name \_\_\_\_\_  
Type of entity (D.BA., L.L.C., Corp. etc.) \_\_\_\_\_  
Business Tax ID# \_\_\_\_\_  
Current Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ How Long \_\_\_\_\_  
Present Landlord \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Individual Applicant's Name \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Individual Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Authorized Individual to sign lease \_\_\_\_\_ Title \_\_\_\_\_  
Business phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Car \_\_\_\_\_ license Plate # \_\_\_\_\_

Credit Reference \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Personal Reference \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Insurance Agency Name \_\_\_\_\_ Agent's Name \_\_\_\_\_  
Insurance Agency Phone \_\_\_\_\_ Address \_\_\_\_\_  
Email \_\_\_\_\_

Person to Notify in Case of Emergency \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address (if not suite address): \_\_\_\_\_  
Contact Person (if not applicant): \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

CERTIFICATION: I understand that the above information is confidential. I hereby certify that I have examined this application and that the above information here is to the best of my knowledge and belief a true and complete application made in good faith. I also give my permission to have any of the above statements verified by utilizing reports from any credit reporting agency.

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Individual Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Individual Applicant's printed Name

<i>Office Use Only:</i> Rent \$ _____ Security Deposit \$ _____ Non-Refundable Charges \$ _____ Amount Received with Application \$ _____
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