

COMMERCIAL RENTAL APPLICATION
Lindow Properties LLC
311 N. Douglas #8, St. Jacob, IL 62281
618.644.2589 office 618.644.6382 fax

BUSINESS INFORMATION

Legal Business Name: _____
Established since: _____ Federal Tax I.D.: _____
Business type: ___ Sole proprietorship ___ Partnership ___ Corporation ___ Other _____
Business scope: _____
State which entity formed: _____ Number of employees: _____
Gross Annual Revenue: _____ Business email: _____
Main business address: _____
Business phone number: _____ Business fax number: _____
Business contact: _____ Business contact phone number: _____
Business contact date of birth: _____ Social security number: _____
Driver's License number: _____ State of DL issuance: _____
Business contact #2: _____ Business contact phone number: _____
Business contact date of birth: _____ Social security number: _____
Driver's License number: _____ State of DL issuance: _____

BUSINESS RENTAL HISTORY

Current address: _____
Rental period: _____ Rent: _____
Landlord name: _____
Landlord/agent contact number: _____
Reason for leaving: _____

Previous address: _____
Rental period: _____ Rent: _____
Landlord name: _____
Landlord/agent contact number: _____
Reason for leaving: _____

BUSINESS REFERENCES

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

I/We _____ authorize Lindow Properties to order/review any credit and/or criminal background check to verify and investigate any of the above information with relevant third parties including landlords, banks, employers, creditors and references. I/We declare that all information is accurate and complete.

Signed: _____ Date: _____

Signed: _____ Date: _____