



Cheplowitz & Associates, Inc.  
P.O. Box 36  
Pataskala, Ohio 43062  
Phone: (614) 444-2100  
Fax: (614) 464-4405  
E-mail: rentals@cheplowitz.com

How did you hear about our properties?  
Newspaper\_\_\_\_, Which one\_\_\_\_  
Sign\_\_\_\_  
Web-site\_\_\_\_  
Referral\_\_\_\_, Who\_\_\_\_

Bldg. Address\_\_\_\_  
Monthly Rent\_\_\_\_  
Size/sq. ft.\_\_\_\_  
Move in Date\_\_\_\_

### Commercial Lease Application

Date:\_\_\_\_  
Company Name:\_\_\_\_  
Present Address:\_\_\_\_  
City:\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_ Phone:\_\_\_\_  
Type of Business:\_\_\_\_  
Number of years in business:\_\_\_\_  
If incorporated, Federal ID#\_\_\_\_  
President\_\_\_\_  
Vice-President\_\_\_\_  
Treasurer\_\_\_\_  
Secretary\_\_\_\_

If not incorporated, name(s) of owners or partners(s), and social security numbers:

\_\_\_\_\_  
\_\_\_\_\_

Number of employees:\_\_\_\_  
Number of years in busiuness:\_\_\_\_

If your application is accepted can we contact you by e-mail? Y / N  
If yes what is your e-mail address\_\_\_\_\_

### LEASING HISTORY

Current Office Landlord:\_\_\_\_  
Address:\_\_\_\_ City:\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_  
Landlord's Phone:\_\_\_\_ From:\_\_\_\_ To:\_\_\_\_  
Monthly Payments:\_\_\_\_ Reason for Moving:\_\_\_\_

Previous Office Landlord:\_\_\_\_  
Address:\_\_\_\_ City:\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_  
Landlord's Phone:\_\_\_\_ From:\_\_\_\_ To:\_\_\_\_  
Monthly Payments:\_\_\_\_ Reason for Moving:\_\_\_\_

### BANK REFERENCES

Name of Bank:\_\_\_\_ Branch:\_\_\_\_ Contact:\_\_\_\_  
Address:\_\_\_\_ City:\_\_\_\_ State:\_\_\_\_

Name of Bank:\_\_\_\_ Branch:\_\_\_\_ Contact:\_\_\_\_  
Address:\_\_\_\_ City:\_\_\_\_ State:\_\_\_\_

## LOCAL CREDIT REFERENCES

Creditor: \_\_\_\_\_ Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
Creditor: \_\_\_\_\_ Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
Creditor: \_\_\_\_\_ Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Has applicant ever:

Filed for bankruptcy?    yes(    ) no(    )

Been evicted? yes( ) no( )

**Willfully or intentionally refused to pay rent when due?**

yes( ) no( )

Had a criminal record? yes( ) no ( ) If yes to last two, please explain:\_\_\_\_\_

Been arrested for drug usage or trafficking in drugs? yes( ) no( ) If yes, please explain:\_\_\_\_\_

Please list business references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

---

---

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We do hereby consent to and authorize the landlord and/or any representative of the landlord's screening company, to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to: City, County, State, Federal Law Enforcement Agencies, Credit Reporting Agencies, present and/or past employers including but not limited to present and/or past salary verification, present and/or past residences. I understand that any information obtained may be considered by the landlord and/or FABCO, in accordance with the established screening criteria, as a factor in decisions they make with respect to the property for which I am applying.

Furthermore, I hereby release and hold harmless any agencies, owners, and affiliates (including but not limited to officers, directors, and employees) that shall provide information to the landlord and/or the landlord's screening company, upon request, from any and all claims, demands, suits or expenses arising from or related to the content, validity, or handling of said reports.

I hereby certify that I have read and reviewed the information contained in this application for lease is accurate, full and complete. Any discrepancy or lack of information will result in immediate rejection of this application. I/We understand that this is an application and does not constitute a lease agreement in whole or in part.

I understand that my deposit may be applied toward any rent loss, advertising costs, re-rental fees, etc., if this application is approved and I am unable to fulfill the conditions of occupancy. The deposit will be returned promptly if this application is not approved providing all the above questions are answered correctly and truthfully. I/We do hereby acknowledge a Fee to be used in the processing of this application. I understand this charge may not be returned to me.

Name: \_\_\_\_\_

Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A CURRENT BALANCE SHEET TO THIS APPLICATION**