

COMMERCIAL LEASING APPLICATION

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The information requested here will be used to process a background and credit history report which will be used to determine tenancy.

Phone #: _____ Fax #: _____

Name: _____ Date of Birth: _____ SSN: _____

_____ Date of Birth: _____ SSN: _____

Address: _____

Second Phone #: _____ Email: _____

LEASING INFORMATION

How much Square Feet is needed?: _____ Property Location: _____

Traffic Count Needed: _____ How many years would the Lease be for? _____ Fixturing Period? _____

Specific Needs: _____

Type of Business: _____

Experience in this or related business? Explain. _____

CURRENT BUSINESS INFORMATION

Name of Business: _____ Tax ID#: _____

Location of Business: _____ How many years have you owned business? _____

If relocating, Why? _____

GUARANTOR INFORMATION

Name: _____ Date of Birth: _____ SSN: _____

Relationship to applicant: _____ Phone #: _____

Signature **Print Name** **Date**

Signature **Print Name** **Date**

Guarantor Signature **Print Name** **Date**