

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

Commercial Leasing Application Form

Full Name:						
Street #: Street Name Current Address:	:					
City:	Province:		Postal Code:			
g	W1 #.	()	_	Ext #:	
Home #: () -			·)			
Mobile #:	Fax #:)			
Number of Years at Current Address:						
Previous Address Street #: Street (if less than five years):	t Name:					
City:	Province:			Postal Code:		
Month: Date of Birth:	Day: Yea					
Social Insurance Number:						
Drivers License Number:	M.1	3.6	1.1		37	
Vehicle Information: License Plate Number	: маке:		odel:		Year:	
Bank Name:						
Phone #: () -	Fax #:	()	_		
Street #: Street Name:						
Bank Address:	Province:			Postal Code:		
Account Number:						
Bank Name:						
Phone #: () -	Fax #:	()	-		
Street #: Street Name:						
Bank Address:	Province:			Postal Code:		
Account Number:						
Provider (ie: Visa, MasterCard Credit Card:	.): Account Nui	mber:				
Provider (ie: Visa, MasterCard Credit Card:	.): Account Nur	mber:	_			
Spouses Full Name: Month:	Day:	Year:				
Spouses Date of Birth:						
Your Place of Employment:						

Province: Province: Street #: Street Name: Address of Employment: City: Province:	Name of Employer:							
Address of Employment: Province:	Phone #: () -		Fax #:	()	_	
Province: Province: Postal Code:	Address of Employm		Street Name:					
Number of Years at Current Employment: Income:			Provi	nce:			Postal Code:	
Number of Years at Current Employment: Spouses Company of Employment:	ob Title							
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Address:) -		Fax #:	()	-	
City: Province: Postal Code:		Street #: Stree	t Name:					
	City:		Provi	nce:			Postal Code:	

Loans or C (Secured /	Obligation Unsecu	ons red):								
Referenc	es: (ma	ay not be	relatives or	friends – prefera	bly Lawyer, Ac	countan	it, Someor	ne of Profession	al Status)	
1 st Person	of Refe	rence:								
Full Name:	:									
Company of	of Emp	loyment:								
Job Title:									Ext #:	
Home #:)			Work #:	()	-		
Mobile #:)	Street #:	Street Name:	Fax #:)	-		
Address of Employment:		Province:			Postal Code:					
and D	C.D. C									
2 nd Person		rence:								
Full Name:										
Company o	of Emp.	oyment:								
Job Title:)				()	_	Ext #:	
Home #:	(Work #:	()	_		
Mobile #:	`E1	,	Street #:	Street Name:	Fax #:					
Address of Employment: _City:			Province:			Postal Code:				
NAME & ME	ETHOD (OF CONTA	ACT PERSC	ONS TO CONTACT	IN EMERGENO	CY:				
I/We, the understand, 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 disc	eretion.								
Applicants Signature			Date	Date						