

COMMERCIAL APPLICATION

Building Address: _____ Suite # _____ Sq ft Required: _____

Possession Date: _____

How did you hear about us ? Please check all that apply

Drive By _____ Newspaper: _____ Internet : _____ Referral (Name): _____

BUSINESS INFORMATION

Legal Company Name: _____ Business Name if Different: _____

Business Numbers: _____ HST / GST # _____

Proprietorship: _____ Partnership: _____ Corporation: _____ Date Incorporated : _____ Years in Business: _____

CONTACT INFORMATION

Contact Person: _____

Other Contact: _____

Present Address: _____

Postal Code _____

Work Phone: _____

Cell Phone: _____

Fax Number: _____

EMAIL : _____

Web Site: _____

GUARANTOR INFORMATION (These persons will be the signer of the lease)

(1) Name: _____

Title: _____

Contact Phone #: _____

% of Ownership _____ %

Home Address: _____

Postal Code: _____

Birth Date: _____

SIN # _____

Driver License # _____

Have you declared bankruptcy: Yes No

(2) Name: _____

Title: _____

Contact Phone #: _____

% of Ownership _____ %

Home Address: _____

Postal Code: _____

Birth Date: _____

SIN # _____

Driver License # _____

Have you declared bankruptcy: Yes No

LEASING / MORTGAGE HISTORY

(1) Do you owe past payments? Yes No (2) Have you been evicted? Yes No (3) Has there been a claim against the Guarantors? Yes No

BUSINESS SUPPLIERS for Credit reference

(1) Company Name: _____

Type : _____

Contacts Name: _____

Phone : _____

How Long: _____

City / Province : _____

(2) Company Name: _____

Type : _____

Contacts Name: _____

Phone: _____

How Long: _____

City / Province : _____

(3) Company Name: _____

Type : _____

Contacts Name: _____

Phone: _____

How Long: _____

City / Province : _____

BUSINESS CREDIT HISTORY / REFERENCE

Loan provided by: _____

Phone # _____

Monthly Amount: _____

Contact: _____

Equipment Lease : _____

Provided by : _____

Credit Card Reference _____

Other Credit Reference _____

CURRENT MONTHLY EXPENSES

Present rent: \$ _____
Phone/cable \$ _____
Lease Payment \$ _____
Other \$ _____

Utilities: _____
Office Supplies: _____
Product Supplies _____
Other : _____

PRESENT LANDLORD

Company Name: _____
Address _____
Phone: _____
Monthly Gross Rent \$: _____

Contact Name: _____
Postal Code _____
Reason for moving: _____
Years at this location: _____

PREVIOUS LANDLORD (if less than 5 years)

Company Name: _____
Address _____
Phone: _____
Monthly Gross Rent \$: _____

Contact Name: _____
Postal Code _____
Reason for moving: _____
Years at this location: _____

GENERAL ON- SITE BUSINESS OPERATIONS (Estimate)

Hours of Operation : _____
Number Days per Week: _____
Will you require Parking ? YES NO
Number of Parking for employees _____
Please describe your Business Operations: _____

Number of Employees : _____
Number of Customer at one time: _____
Require Over-Night Parking: Yes No
Number of Parking for Guests: _____

EMERGENCY/ Next of Kin; Contact Name: _____

Relationship: _____
Phone: (Home): _____
Family Member Name: _____
Address: _____

Address _____
Work or Cell : _____
Relation: _____
Phone : _____

General Condition of Lease Agreement

1) This is a Smoke-Free Building and No smoking within 4 Metres of Building Entrance, Windows and Air Intake Vents. 2) Please don't be a litterbug: Put your Butt Where it Belongs 3) Authorizes all bank and trade information to be released by phone / fax or email. 4) Should a tenant not require a parking space, the Tenants may not make claim (financial or otherwise) for its use or lack of parking space. 5) Tenants are required to maintain a commercial tenant's insurance package including liability insurance. COPY OF INSURANCE IS REQUIRED BEFORE MOVE-IN and on every anniversary date 6) This is a DRUG FREE Building. NO illegal or non-medical use of mind or body altering substances inside or outside of the Property (a 5 day Notice to Quit may apply at Tenants Expense. 7) Applicant must be gainfully employed 8) Post Dated Cheques or Direct deposit is required upon Move-in 9) All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented. I hereby consent and agree to you and or your agent obtaining a factual or investigative information report about me and / or my guarantor, and /or Company or to your procuring or causing to be prepared a credit or consumer report containing credit and personal as well as Leasing history information about me and/ or my guarantor and / Or Company with respect to this application. Information in connection with the entering into or renewal of a Commercial lease agreement may be conveyed to a third party. Should any information provided by applicant be falsely represented or cancelled, the applicant agrees to forfeit costs incurred in obtaining the above-mentioned report(s).

Please read General Condition of Tenancy Agreement before Signing

Applicant Name PRINT

Date

Applicant Signature

Co- Applicant Name PRINT

Date

Co -Applicant Signature