

Harris Management

3400 Northland Drive · Austin, Texas 78731 · Tel (512) 467-1699 · Fax (512) 467-1698

Application for Office Space Lease Name of Building: _____

This information is sought to assure the most responsible tenants possible and to assist the manager in her review of your lease proposal. The information will be kept in strict confidence and used only in relation to the lease contract.

1. Application's Business Name _____
Type of Business _____ Fed Tax ID _____ Incorporated in _____
(Corp/LLC/Sole Proprietorship/etc.) (Specify State)
List all officers of company and titles: _____

2. Owner/Manager _____ SSN _____ DL _____ State _____
Title (Pres., Managing Member, etc.) _____ DOB _____
3. Business Address _____
Street City State Zip
4. Business Phone _____ Fax _____ E-Mail: _____
5. Type of Business Activity (describe) _____
6. Years in Business _____ List other locations: _____
7. List Three Trade References
1) _____

2) _____

3) _____

8. Have you ever been evicted? ____ If yes, reason: _____
9. Have you ever been sued for non-payment of rent? ____ If yes, reason: _____
Name of Bank _____
Bank Address _____
Bank Officer _____ Phone _____
10. Applicant's Home Address _____ Phone Number _____
11. Present Business Landlord's Name/Manager's Name _____
Address _____
Phone _____
12. Please attach a financial statement/balance sheet or business/corporate tax return covering the fiscal year prior to the date of this application. All information will be kept confidential.

Applicant(s) represent that all of the above statements are true and complete and hereby AUTHORIZES OWNER AND/OR AGENT FOR OWNER TO VERIFY SUCH INFORMATION BY THE ORDERING OF A CREDIT REPORT OR OTHER MEANS. I hereby give permission for Owner and/or Agent to access my personal credit file for commercial credit purposes. False information given above shall be grounds for rejection of the application. If credit is not approved, the deposit shall be refundable, otherwise the deposit will be considered non-refundable and held for liquidated damages if a lease is not signed. If faxed, I authorize my faxed signature to be treated as an original signature.

Applicant's Signature _____

Printed Name _____ Date _____