



APPLICATION FOR OCCUPANCY RETAIL SPACE

BUSINESS INFORMATION

Legal Name of Business: _____

D/B/A: (if different from Legal Name) _____

Type of Organization: ☐Proprietorship ☐C-Corp. ☐S-Corp. ☐General Partnership ☐Limited Partnership ☐Non-Profit
 ☐L.L.C. ☐L.L.P.

Address (Main Office): _____
 Number Street City State Zip

Federal Tax ID#/Employer ID #: _____ Number of Employees: _____ Yrs in Business: _____

Description of Business: _____
 Briefly describe the product sold or service rendered by your business (e.g. restaurant, flower shop, etc)

Gross Annual Revenue: _____

Contact Person: _____ Title: _____

Emergency Contact Person: _____ Phone # (_____) _____

Business Phone # (_____) _____ Business Fax # (_____) _____

Email: _____ Website: _____

COMMERCIAL RENTAL HISTORY

Present Address: _____
 Number Street City State Zip

☐Rent ☐Own Rental/Mortgage Amount Paid Monthly \$ _____ From/To: _____

Reason for leaving: _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

Previous Address: _____
 Number Street City State Zip

☐Rent ☐Own Rental/Mortgage Amount Paid Monthly \$ _____ From/To _____

Reason for leaving: _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

BUSINESS FINANCIAL INFORMATION

Primary Bank: _____

Contact Person: _____ Title: _____

Bank Phone # (_____) _____ Bank Fax # (_____) _____

Type of Account: ☐Checking ☐Savings Checking Balance \$ _____ Savings Balance \$ _____

CREDIT REFERENCES

Please list all business debt and corresponding payment information:

Creditor	Type of Business	Contact Person	Phone #
_____	_____	_____	(_____) _____
Address: _____ Number Street City State Zip			
Opening Balance: \$ _____ Outstanding Balance: \$ _____ PMT Amt: \$ _____			

Creditor	Type of Business	Contact Person	Phone #
_____	_____	_____	(_____) _____
Address: _____ Number Street City State Zip			
Opening Balance: \$ _____ Outstanding Balance: \$ _____ PMT Amt: \$ _____			



CREDIT REFERENCES (continued)

Creditor	Type of Business	Contact Person	Phone #
_____	_____	_____	(____) _____
Address: _____			
_____	_____	_____	_____
Number	Street	City	State Zip
Opening Balance: \$ _____ Outstanding Balance: \$ _____ PMT Amt: \$ _____			

PRINCIPAL/OWNER/GUARANTOR INFORMATION

Name: _____	SS # _____	DOB: _____
Drivers License # _____	Title: _____	% of Ownership: _____
Employer: _____		Gross Income: \$ _____
Employer Phone # (____) _____	Position: _____	Length of Employment: _____
Home Address: _____		
_____	_____	_____
Number	Street	City State Zip
<input type="checkbox"/> Rent <input type="checkbox"/> Own Rental/Mortgage Amount Paid Monthly \$ _____ How Long at this address: _____		

Name: _____	SS # _____	DOB: _____
Drivers License # _____	Title: _____	% of Ownership: _____
Employer: _____		Gross Income: \$ _____
Employer Phone # (____) _____	Position: _____	Length of Employment: _____
Home Address: _____		
_____	_____	_____
Number	Street	City State Zip
<input type="checkbox"/> Rent <input type="checkbox"/> Own Rental/Mortgage Amount Paid Monthly \$ _____ How Long at this address: _____		

CERTIFICATION AND AUTHORIZATION

Center Management Inc. or any firm acting on its behalf is hereby granted permission to perform a credit check on our company or and/or the individuals identified in this application. Further we understand that Center Management Inc. may contact any of the references provided as part of this application.

Signature: _____	Title: _____	Date: _____
Signature: _____	Title: _____	Date: _____

Submit to: Center Management	Fax: 919-573-9165
PO Box 31827	Email: info@centermgmt.com
Raleigh NC 27622	

OFFICE USE ONLY

Space Applying for: _____	Square Footage: _____
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