



PO BOX 1128, LITTLE FALLS, NJ 07424  
 PHONE: (973) 256-6344 FAX: (973) 256-1754  
 www.MRMmgt.com

**Commercial Lease Application**

*Thank you for your interest in our complex.  
 Please complete all requested information  
 on this form.*

**BUSINESS INFORMATION**

Business Name		Type of Business	D&B Number	
Business Street Address (No P.O. Boxes)		City	County	State Zip
Previous Street Address (if within past 5 years)		City	County	State Zip
Contact person for rental purposes		Phone Number	Fax Number	
Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Subchapter S <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit		Date Business/Corporation Established	PLEASE SUPPLY COPIES OF THE FOLLOWING DOCUMENTS: <input type="checkbox"/> CERTIFICATE OF FORMATION OR INCORPORATION FILED WITH THE STATE'S TREASURER. <input type="checkbox"/> A COPY OF LAST YEAR'S TAX RETURN FOR THIS BUSINESS. <input type="checkbox"/> MOST RECENT BANK STATEMENT FOR THIS BUSINESS.	
Federal ID #	Website Address (if applicable)	Approximate <i>net</i> income last year \$		
Has this business ever filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this business ever been evicted from a rental space? <input type="checkbox"/> Yes <input type="checkbox"/> No		When do you wish to move in?		
Landlord/Management Company's Name		Current lease terms	Monthly Rent \$	
Landlord/Management Company's Address		City	State	Landlord's Phone Number

Briefly state your reason for relocating the business

THE UNDERSIGNED INDIVIDUAL(S) WHO IS EITHER A PRINCIPAL, SOLE PROPRIETOR, OR PERSONAL GUARANTOR OF THE CREDIT APPLICANT, RECOGNIZING THAT HIS OR HER INDIVIDUAL CREDIT HISTORY AND/OR BANK REFERENCE MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT HISTORY OF THE APPLICANT OR IN THE EVALUATION OF HIS OR HER PERSONAL GUARANTY, HEREBY CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT AND/OR BANK REFERENCE FROM TIME TO TIME AS MAY BE NEEDED, IN THE INITIAL CREDIT EVALUATION AND SUBSEQUENTLY DURING AND AFTER THE TERM OF THE LEASE (IN THE EVENT THE APPLICANT IS QUALIFIED TO LEASE).

Principal Owner's Name/Title		% Ownership	Birth Date	Social Security No.	
Home Street Address (No P.O. Boxes)		City	County	State	Zip
Previous Street Address (No P.O. Boxes)		City	County	State	Zip
Personal total liquid assets \$	Have you ever personally filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever personally been evicted or foreclosed upon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home or Work Phone Number	Mobile Phone Number		Email Address		
Secondary Owner's Name/Title		% Ownership	Birth Date	Social Security No.	
Home Street Address (No P.O. Boxes)		City	County	State	Zip
Previous Street Address (No P.O. Boxes)		City	County	State	Zip
Personal total liquid assets \$	Have you ever personally filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever personally been evicted or foreclosed upon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home or Work Phone Number	Mobile Phone Number		Email Address		

**BANK REFERENCES**

Bank	Checking Account No.	Savings Account No.	Loan Account No.
Address		Contact Officer	Phone Number
Previous Bank (if less than 2 years)	Checking Account No.	Contact Officer	Telephone No.

**CREDIT/SUPPLIER REFERENCES**

Name	Contact	City	State	Zip	Telephone No.
Name	Contact	City	State	Zip	Telephone No.

**CREDIT RELEASE AUTHORIZATION**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE AND I AUTHORIZE OUR BANKS, TRADE REFERENCES, CREDIT REPORTING AGENCIES AND FINANCIAL INSTITUTIONS TO RELEASE CREDIT INFORMATION TO MRM MANAGEMENT LLC.

Primary Business Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Secondary Business Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_