

Landlord Tenant Services

LTS Ph: (618) 692-6966

Email: LTS@LTservices.us

Website: www.LTservices.us

LTS Commercial Lease Application

Landlord:	Desired move in date:
LL ID #:	Address:
LL Ph:	Rent/Payments: Deposit:
LL Email:	<i>Fill out this application thoroughly and return to landlord.</i>

APPLICANT INFORMATION:

Name:		
Last	First	Middle
SSN:	DOB:	Drivers Lic #:
Cell Number:	Home Number:	
Email:	Preferred Contact Method: Cell <input type="checkbox"/> Home <input type="checkbox"/> Email <input type="checkbox"/>	

SPOUSE or PARTNER INFORMATION:

Name:		
Last	First	Middle
SSN:	DOB:	Drivers Lic #:
Cell Number:	Home Number:	
Email:	Preferred Contact Method: Cell <input type="checkbox"/> Home <input type="checkbox"/> Email <input type="checkbox"/>	

CURRENT RESIDENTIAL ADDRESS:

Street:	Apt #:
City:	State: Zip:
Own: <input type="checkbox"/> Rent: <input type="checkbox"/> Family: <input type="checkbox"/>	How Long:

Business Information:

Business Name:	Tax Number:
Established Since:	Number of Employees:
Business Type: Sole Proprietor: Partnership: Corporation: Other:	
Gross Annual Revenue: \$	
Business Phone:	Business Email:
Business Fax:	Website:

Business Rental History:

Street:	Suite:
City:	State: Zip:
Own: <input type="checkbox"/> Rent: <input type="checkbox"/>	How Long: Rental/Payments: \$
Move In Date:	Move Out Date:
Reason for Leaving:	
Landlord Name:	Landlord Phone #:

Previous Business Rental History:

Street:		Suite:
City:	State:	Zip:
Own: <input type="checkbox"/> Rent: <input type="checkbox"/>	How Long:	Rental/Payments: \$
Move In Date:	Move Out Date:	
Reason for Leaving:		
Landlord Name:	Landlord Phone #:	

Bank Information: **(Required)-Attached last two months of bank statements.**

Bank/Credit Union:	Date Opened:	Account #:	Phone Number:

Business/Trade References: **(Required)**

Name:	Address:	Phone:	Fax:
1.)			
2.)			
3.)			
4.)			
5.)			

Are you registered with Dun & Bradstreet? YES NO

We process an application within 48-72 hours-with your help. Inaccurate information or documentation not provided will slow down this process. For inquiries or questions send an email to LTS@LTservices.us.

Verification is needed to process your application. Fax or email all documents with application.

Provide copies of Drivers License or State ID and Tax Number along with application.

Pre-Qualify:

Have you ever been evicted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been asked to move?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever broken a lease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever damaged property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever filed bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently in a bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been arrested?	Yes <input type="checkbox"/> No <input type="checkbox"/>	When?	Where?
Do you have a criminal record?	Yes <input type="checkbox"/> No <input type="checkbox"/>	When?	Where?

Comments:

\$80 Non-Refundable Application Fee:

Do you give LTS permission to process your credit card for payment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initial:
Name of Card Holder:	Exp Date:		
Card Number:	Visa/MC:	Zip Code:	
Security Code (3 digits on back):	(Where you receive your billing statement)		

I authorize Landlord Tenant Services and its subsidiaries to run a CREDIT REPORT, CRIMINAL REPORT, CHECK CIVIL SUITS, and gather all information pertaining to my BUSINESS, EMPLOYMENT and RENTAL HISTORY on all parties affiliated with this business. I agree to provide accurate and truthful information and understand the landlord will receive a full written report. I authorize my BANK or CREDIT UNION to release any information requested.

SIGNATURES:

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Landlord or Authorized Agent Signature:

Print Name: _____ Signature: _____

Office Use. Do not write below this line.
