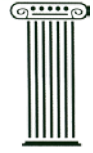


# M.C. Management, Inc.

9732 N. 56<sup>th</sup> Street, Temple Terrace, FL 33617  
Ph: (813) 988-4477, Fax: (813) 988-4476



## Commercial Application for Lease

DATE: \_\_\_\_\_; CONTACT PH #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date of Incorp: \_\_\_\_\_ State: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Federal EIN: \_\_\_\_\_  
Current Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ How Long: \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
Bank: \_\_\_\_\_ City: \_\_\_\_\_ How Long: \_\_\_\_\_  
How many people will work at this property: \_\_\_\_\_ Corporation Officers: \_\_\_\_\_

Owner/President: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_  
EMAIL Address: \_\_\_\_\_

Co-Owner/Sec/Treas: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_  
EMAIL Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant hereby authorizes verification of any and all information set forth in this application, including release of information by any bank or savings and loan, employer (present and former) and any lender. All such information hereon, and released as authorized above, will be kept confidential. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH IN THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentations on this application will constitute a default under the lease or rental agreement between the parties.

CREDIT CHECK CHARGE- Applicant has submitted the sum of \$\_\_\_\_\_ (CASH or MONEY-ORDER ONLY) which is non-refundable payment for a credit check and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or deposit amount. In the event this application is approved or disapproves, this sum will be retained by Management to cover the cost of processing the application. This application must be signed before it can be processed by Management.

GOOD FAITH DEPOSITS- I hereby deposit \$ \_\_\_\_\_ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit can be applied toward payment of my security deposit of \$ \_\_\_\_\_ when I take possession of the rental. If for any reason Management decides to decline my application, Management will refund this good faith deposit to me in full, within 30 days. If I refuse to occupy the premises on the agreed upon date, I understand this good faith deposit will be held until Management can determine if it has incurred any expenses or loss due to my cancellation. These costs will be deducted from this good faith deposit and the balance will be refunded to me.

### ----- FOR OFFICE USE ONLY -----

Unit Address #: \_\_\_\_\_ Proposed Occupancy Date: \_\_\_\_\_  
APP Fee Required: \_\_\_\_\_ APP Fee Received: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Security Deposit Required: \$ \_\_\_\_\_ Security Deposit Received: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Rent Required: \$ \_\_\_\_\_ Rent Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

OWNER/PRESIDENT (Signature Required)

DATE

CO-OWNER/Secretary/Treasurer (Signature Required)

DATE