



PLEASE COMPLETE IN FULL

CONFIDENTIAL

HOW DID YOU FIND OUT ABOUT THIS PROPERTY?

Rental list Office Window Internet Age Newspaper For Lease Sign Referral Other

COMMERCIAL LEASING APPLICATION FORM

ADDRESS OF PROPERTY:		DATE:
LESSOR:		
NAME OF APPLICANT/COMPANY:		
FULL REGISTERED NAME OF COMPANY:		
REGISTRATION NO. (ACN)	ABN:	
REGISTERED ADDRESS:		
PRINCIPAL TRADING ADDRESS:		
TELEPHONE NO:	FAX NUMBER:	
PRESENT NATURE OF BUSINESS CONDUCTED BY APPLICANT:		
NATURE OF BUSINESS TO BE CONDUCTED AT THE PREMISES:		
LENGTH OF TIME IN OPERATION:		
IF LESS THAN THREE YEARS STATE PREVIOUS BUSINESS OR EXPERIENCE:		
LEASE DETAILS		
COMMENCEMENT DATE OF LEASE:		
TERM OF LEASE:	OPTION PERIOD:	
MONTHLY RENTAL:	RENTAL REVIEWS:	
SECURITY DEPOSIT:	OUTGOINGS:	
OTHER COMMENTS:		
<p>PLEASE NOTE: 1. This application is subject to owner's approval. 2. Keys will not be handed over until the leases are signed by the tenant. 3. No representation is made by the owner or agent as to the suitability of the premises for any purpose. 4. Personal information collected by us in the course of this application and any subsequent tenancy is necessary for us to verify your identity, to process and evaluate your application and to manage the property. Such information may be disclosed to other parties as permitted by the Privacy Act 1988 including the landlord, references, other agents and operators of tenancy databases. If this information is not provided we may not be able to process your application or manage the tenancy. 5. No action shall be taken by the applicant against the landlord or the agent should any circumstances arise whereby the property is not available for occupation on the due date. 6. All rentals will be adjusted to the 1st day of every month.</p>		
<p>I DO SINCERELY AND SOLEMNLY DECLARE THAT: The information supplied in this application is true and correct:</p>		
APPLICANT'S SIGNATURE:		DATE:
NAME:	TITLE:	

BUSINESS TRADE REFERENCES (SUPPLIERS, CREDITORS ETC)

CURRENT LANDLORD/AGENT:

CONTACT:	TELEPHONE:
PRESENT RENTAL (PCM):	TERM OF LEASE:
OFFICE USE:	

TRADE REFERENCE (1) COMPANY NAME:	PHONE:
CONTACT:	Length of time dealt with:
OFFICE USE:	

TRADE REFERENCE (2) COMPANY NAME:	PHONE:
CONTACT:	Length of time dealt with:
OFFICE USE:	

TRADE REFERENCE (3) COMPANY NAME:	PHONE:
CONTACT:	Length of time dealt with:
OFFICE USE:	

TRADE REFERENCE (4) COMPANY NAME:	PHONE:
CONTACT:	Length of time dealt with:
OFFICE USE:	

SOLICITOR:	CONTACT:	PHONE:
OFFICE USE:		

BANK:	BRANCH:	PHONE:
TERM OPERATED:	WRITTEN REFERENCE YES / NO	
OFFICE USE:		

ACCOUNTANT:	CONTACT:	PHONE:
OFFICE USE:		

PERSONAL GUARANTEE DETAILS

APPLICANT/DIRECTOR

FULL NAME _____

RESIDENTIAL ADDRESS _____

TELEPHONE NUMBERS (H) _____ (W) _____ (M) _____

DO YOU OWN YOUR OWN HOME? YES NO

IF NO: LANDLORD/AGENT _____

CONTACT NAME _____ PHONE _____

OFFICE USE _____

APPLICANT/DIRECTOR

FULL NAME _____

RESIDENTIAL ADDRESS _____

TELEPHONE NUMBERS (H) _____ (W) _____ (M) _____

DO YOU OWN YOUR OWN HOME? YES NO

IF NO: LANDLORD/AGENT _____

CONTACT NAME _____ PHONE _____

OFFICE USE _____