

P. O. Box 2225 \* Auburn, AL 36831 \* 334-821-1600 \* Fax 334-821-1616 Property \_\_\_\_\_

## LESSEE INFORMATION (Please Type or Print)

<b>BUSINESS ONLY (Circle one):</b>		<b>PROPRIETORSHIP</b>	<b>PARTNERSHIP</b>	<b>CORPORATION</b>	<b>ASSOCIATION</b>	
Company Full Legal Name			Company D/B/A Name		Phone Number	
Address		City	State	Zip	Cell Number	Fax Number
Contact		Title	Email Address		Years in Business	Type of Business

Duly Authorized: (Circle all that apply) Owner Gen. Partner President Corp. Secretary Treasurer Other \_\_\_\_\_  
to Sign Lease

## PERSONAL INFORMATION GUARANTORS: OWNERS, PARTNERS, OR OFFICERS

Name	Title	Date of Birth	Social Security Number	Home Phone Number	
Home Address		City	State	Zip	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
Name	Title	Date of Birth	Social Security Number	Home Phone Number	
Home Address		City	State	Zip	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
Name	Title	Date of Birth	Social Security Number	Home Phone Number	
Home Address		City	State	Zip	<input type="checkbox"/> OWN <input type="checkbox"/> RENT

## PREVIOUS RENTAL HISTORY

Name of Current Landlord	City	State	Address	Contact	Telephone Number
Name of Supplier/Creditor	City	State	Address	Contact	Telephone Number

## BANK REFERENCES

Name of Bank/Branch	City	State	Address	Contact	Telephone Number
Name of Bank/Branch	City	State	Address	Contact	Telephone Number

## AUTHORIZATION (Please Sign and Date)

I hereby authorize Lessor or any credit bureau or other investigative agency employed by Lessor to investigate the references herein listed or statements or data obtained from me or any other person pertaining to my credit and financial responsibility. In submitting the foregoing statement the undersigned guarantees its accuracy with the intent that it be relied upon. All lease paperwork including lease signatures, security deposits and parental guarantees must be received in our office within 14 days after initiating lease paperwork, otherwise security deposit may be forfeited at Lessor's discretion.

Date Signed \_\_\_\_\_ X \_\_\_\_\_