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Fax Cover

TO:

COMPANY: NAI Commercial Properties

FROM:

DATE:

FAX NUMBER: 918-745-1120

TOTAL PAGES:
INCLUDING COVER

SUBJECT: Lease Application

MESSAGE:

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NAI COMMERCIAL PROPERTIES

APPLICATION FOR LEASE

PERSONAL INFORMATION

Name of Applicant: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

Fax: _____

Spouse's Name: _____

Birth Dates: _____ (Applicant's) _____ (Spouse's)

Social Security #'s _____ (Applicant's) _____ (Spouse's)

BUSINESS INFORMATION

Exact Name of Person(s) or Business under which lease will be held:

Lease Guarantor(s): _____

Nature of Business: _____

Proposed Use: _____

How Long in Business: _____

USE ONE OF THE FOLLOWING THREE SECTIONS; PROPRIETORSHIP, PARTNERSHIP, OR CORPORATION

CHECK IF PROPRIETORSHIP AND FILL OUT THIS SECTION

You may leave this proprietorship section blank if it is identical to the name(s) listed in the above Personal Information section.

Proprietor: _____
(Name) (Address, City, State, Zip) (Phone)

_____ (Social Security Number) (Date of Birth)

Proprietor: _____
(Name) (Address, City, State, Zip) (Phone)

_____ (Social Security Number) (Date of Birth)

CHECK HERE IF GENERAL OR LIMITED PARTNERSHIP AND FILL OUT THIS SECTION

Partner: _____
(Name) (General or Limited) (If General, Social Security # and Date of Birth)

Partner: _____
(Name) (General or Limited) (If General, Social Security # and Date of Birth)

Name of Partnership: _____

_____ (Date Formed) (Articles of Partnership Filed?) (If so, where?)

COMMERCIAL PROPERTIES

Who is authorized to sign lease on behalf of Partnership?

(Name)

(Capacity)

() CHECK HERE IF CORPORATION AND FILL OUT THIS SECTION

Name of Corporation: _____

(Date Formed)

(State of Incorporation)

Address of Corporation: _____

Who is authorized to sign lease on behalf of Corporation?

(Name)

(Title)

APPLICATION FOR LEASE (Continued Page 2)

REFERENCES

Bank References: _____

(Bank Name) (Officer's Name) (Phone)

Bank References: _____

(Bank Name) (Officer's Name) (Phone)

Business References: _____

(Name) (Company Name) (Phone)

Close Relative: _____

(Name) (Address, City, State, Zip) (Phone)

FINANCIAL INFORMATION

ASSETS

Checking Account \$ _____

Savings Account _____

Stocks and Bonds _____

Accounts and notes _____

Receivable due from
Friends and relatives _____

Accounts and notes
due from others _____

Home _____

Other Real Estate _____

Automobile(s) _____

Other personal
Property _____

LIABILITIES

Credit card debt \$ _____

Notes Payable to
banks-secured _____

Notes payable to
banks-unsecured _____

Notes payable to
relatives _____

Notes payable to
others _____

Home Loan _____

Other Real Estate
loans _____

Automobile loans _____

Other debts _____

COMMERCIAL PROPERTIES

Cash value of life insurance	_____	Itemize:	_____

Other Assets			_____
Itemize:	_____		_____
	_____		_____
	_____		_____
TOTAL ASSETS	\$		_____
		TOT. LIABILITIES \$	_____
		NET WORTH	\$ _____
		TOTAL LIAB & NET WORTH	\$ _____

INCOME INFORMATION

Salary \$ _____

Commission & Bonus _____

Dividends _____

Real Estate Income _____

Other Income _____

Total Income _____

This income information is based on the income period _____ to _____
(Date) (Date)

I declare all of the foregoing information to be true and understand that misrepresentations are grounds for termination of the lease agreement. I further authorize NAI Commercial Properties and/or its agent to verify the credit history and references set forth above.

Applicant

Date

Applicant

Date