

GOLDENROD BUSINESS PARK, LLC

Management Offices - 830 North John Young Parkway, Kissimmee, Florida 34741
(407) 569-2100 ▪ Fax (407) 569-2101

LEASE APPLICATION

(Please complete both front and back sides of application)

DATE: _____

APPLICANT/BUSINESS: _____ Tax ID # _____

(Full Legal Name of Business or Individual Applicant)

Mailing Address (include city, state and zip): _____

Physical Address (include city, state and zip): _____

Office # : _____ Cell# / Dept #: _____ Fax # _____ Email: _____

PARTNESHIP LLP / LLC CORPORATION State of Filing: _____ Date of Filing: _____

Year Business Started: _____ Does this business operate under any other name(s): _____

If Yes, list name(s) under which you operate: _____

Is business name(s) registered as a "DBA/Fictitious" Name? _____ If yes, where: _____
(city, county, state)

Parent Company: _____

(Full Legal Name)

Mailing Address (include city, state and zip): _____

Physical Address (include city, state and zip): _____

Main # : _____ Dept #: _____ Fax # _____ Email: _____

List Title, Name, Home Address and Telephone Number of each Owner, Partner or Stockholder or attach documentation which provides this information.

<u>Position</u>	<u>Name</u>	<u>Address</u>	<u>Home Telephone No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the business or any owner, principal, officer or stockholder been sued or filed bankruptcy? _____

If Yes, please explain: _____

Please describe the nature/type of the Business that you plan to conduct from Goldenrod Business Park.

Number of Vehicles to be parked at Goldenrod Business Park on a daily basis: _____

Please list the names, and title(s) of the individual(s) in your business who will be authorized to use and enter the lease premises. The following will be required for each person listed: Copy of valid Driver's License and Social Security Number.

Individual who is authorized to sign the "Lease" or other document(s) on behalf of Company, Corporation, LLP/LLC:

First Middle Last Title/Position Direct Office # Fax #

Home Street Address, City, State & Zip: _____

Email Address: _____ Home Phone: _____ Cell / Other Phone: _____

Social Security Number: _____ (Provide Copy of valid Driver's License)

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LEASE APPLICATION Cont'd

IN CASE OF EMERGENCY

Please list two persons to contact in the case of an emergency .

First Name Last Name Relationship 1st Phone No. 2nd Phone No.

First Name Last Name Relationship 1st Phone No. 2nd Phone No.

BANK REFERENCE:

Bank Name: _____ Location: _____

Contact: _____ Title: _____ Phone: _____

Checking Acct. No. _____ Money Market/Savings – Acct. No. : _____

CREDIT / TRADE REFERENCES:

1. Company: _____ Phone: _____ Fax: _____

Address (include city, state and zip): _____

Account No. _____ Terms of Account: _____ Date Opened: _____

Person to Contact: _____ Title: _____

2. Name: _____ Phone: _____ Fax: _____

Address (include city, state and zip): _____

Account No. _____ Terms of Account: _____ Date Opened: _____

Person to Contact: _____ Title: _____

3. Name: _____ Phone: _____ Fax: _____

Address (include city, state and zip): _____

Account No. _____ Terms of Account: _____ Date Opened: _____

Person to Contact: _____ Title: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the information contained herein is true, correct and complete. I further authorize that this form is confidential except for the express purpose of verification by Goldenrod Business Park, LLC which I hereby authorize.

Signature: _____ Date: _____

Printed or Typed Name of Person Signing and Title: _____



CREDIT AUTHORIZATION

I hereby authorize release to Goldenrod Business Park, LLC credit information concerning myself or my company which may be required to establish credit. A photocopy of this authorization may be honored.

Authorized Signature: _____ Date: _____

Printed or Typed Name of Person Signing and Title: _____

Name of Business seeking credit: _____