



THREESIXTY^o
REAL ESTATE SOLUTIONS

Plan. Develop. Manage.

119 North 19th Street • La Crosse, WI 54601 • Phone 608-782-RENT "7368" • Fax 608-782-7369

CONFIDENTIAL
Commercial Lease Application

Guarantor(s) Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Numbers: _____
Social Security Numbers of Guarantor(s): _____
Name of Business: _____
Type of Business: _____
States and Type of Incorporation: _____
Federal ID Number: _____

Bank References

Bank Name: _____ Bank Phone Number: _____
Contact Person: _____
Bank Name: _____ Bank Phone Number: _____
Contact Person: _____
Bank Name: _____ Bank Phone Number: _____
Contact Person: _____

Business References of Credit

Name: _____ Phone Number: _____
Contact Person: _____
Name: _____ Phone Number: _____
Contact Person: _____
Name: _____ Phone Number: _____
Contact Person: _____

Items to be attached to this package

- Copies of Last 2 years Tax Returns
- Resume of owner(s)
- Copies of last 2 years personal and business financial statements, which need to include all assets and liabilities
- Business Plan

I, _____, (name) certify that the information provided is true, accurate and complete. I authorize Heritage Property Management, LLC to verify all information obtained and authorize the aforementioned lending institutions to release such verification. I authorize Heritage Property Management, LLC to run a credit report and background search to verify credit worthiness. I understand by signing this commercial lease application that this does not guarantee a right to lease. All information obtained will be kept strictly confidential.

Signature: _____ Date: _____
Print Name: _____

PLEASE RETURN THIS FORM ALONG WITH OTHER REQUESTED MATERIALS WITHIN FIFTEEN (15) BUSINESS DAYS.