

BLOOMFIELD PLAZA, LLC
205 WILLOWBROOK AVENUE
STAMFORD, CT 06902

PHONE (203) 348-8378
Fax (203) 324-3074

Commercial Lease Application – STAMFORD, CT 06002

Please fill in this commercial lease application form completely and submit it with any supporting documents

BUSINESS INFORMATION

Legal Business Name: _____ Established Since: _____

DBA Name: _____ Number of Employees: _____

Business Type: [☐] Sole Proprietor [☐] Partnership [☐] Corporation [☐] Other

Business Scope: _____ Gross Annual Revenue: \$ _____

Main Address: _____

Business Phone: _____ Business Fax: _____ Business Email: _____

BUSINESS RENTAL HISTORY

Current Address: _____

Landlord Name: _____ From/To: _____

Landlord / Agent Contact Number: _____ Rent: \$ _____

Reason for Leaving: _____

OWNER(S) INFORMATION

1. Full Name: _____ Birth Date: _____ Social Security Number: _____

Contact Number: _____ Email Address: _____

Home Address: _____

2. Full Name: _____ Birth Date: _____ Social Security Number: _____

Contact Number: _____ Email Address: _____

Home Address: _____

3. Full Name: _____ Birth Date: _____ Social Security Number: _____

Contact Number: _____ Email Address: _____

Home Address: _____

I/We declare that all the information above is accurate and complete. I/We understand and agree that if any of the information is found to be false or incomplete, the landlord will have the right to reject this application and terminate the lease agreement with immediate effect.

I/We hereby authorize the landlord to run any credit check on me/us to verify any of the above information with relevant third parties such as landlords, banks, creditors or other persons.

Applicant Signature: _____ Application Date: _____

Applicant Signature: _____ Application Date: _____

Applicant Signature: _____ Application Date: _____

