

ABAN Properties & Investments, LLC Lease Application

Personal Information

Suite #: _____

Full Name:		
Home Address:		
Phone #:	Fax#:	
Cell #:	Email:	
Social Security #:	Date of Birth:	
Driver's License # :	State:	Exp. Date:

Business Information

Company Name:		
Principal Owner/Officer:		
Business Address:		
Phone #:	Fax #:	
Cell #:	Email:	
Please Choose One: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other		
Type of Business:	Years in Business:	
Description of Business Activities:		

Corporate Address (if any)/Mailing Address

Address:		
Phone:	Fax:	

Previous Landlord Information

Name:		
Address:		
Phone:	Fax:	

Previous Business Address

Address:		
Phone:	Fax:	

Contact for Emergency/Non-Payment

Name:	Phone #:
Name:	Phone #:

Bank References

Name of Bank:	Phone:
Address:	
Name of Bank:	Phone:
Address:	

I confirm that all the information I have supplied above is true and correct.

Authorized Signature _____ Title _____

Print Name _____ Date _____