APPLICATION TO LEASE Magnolia Plaza Shopping Center

Date:	Suite #:		
	APPLICANT:		
Name of Business:	Corporate	Name:	
Address:	Phone #:		
	Years In Business	8:	
Corporate Officers			
and/or Principles:	Name:		
Ĩ	Address:		
	Phone #:		
	Social Security #:		
	Name		
	Name:		
	Address:		
	Phone #: Social Security #:		
	-		
	Name:		
	Address:		
	Phone #:		
	Social Security #:		
	Name:		
	Address:		
	Phone #:		
	Social Security #:		
	BUSINESS HISTORY:		
Type of Business:			
Years in Business:	Total Annual Sales:		
	Net Worth:		
Total Investment in	This Property:		
Have you ever filed	This Property:	YES	NO
	RENOVATIONS TO PREMI	SFS.	
Description of Work			
Estimated Cost:			
Name/Address/Phor	ne # of Architect:		
Name/Address/Phor	ne # of Contractor:		
	REFERENCES:		
1	Credit References (Name/Address/A	Acct. #):	
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