

LeVan Asset Management Corp.
Licensed Real Estate Broker
8250 College Pkwy, #201
Fort Myers, FL 33919
(239)482-4580
FAX (239)482-4193

TENANT APPLICATION

BUSINESS INFORMATION:

Name of Business: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____

Partnership _____ Corporation _____ Franchise _____ Sole Proprietor _____

Number of Years in Business: _____ Number of Existing Locations: _____ Number of Employees: _____

Type of Merchandise or Service: _____

OWNER INFORMATION:

Name(s): _____

Address (No P. O. Box): _____ City/State/Zip: _____

Telephone: _____ Social Security No.: _____

E-Mail Address: _____

Date of Birth: _____ Driver's License Number: _____

FINANCIAL INFORMATION

Bank: _____ Acct. # _____

Officer Contact: _____

Bank: _____ Acct. # _____

Officer Contact: _____

(Attach Annual or 10K Report if you are a Public Corporation, or a Financial Statement if you are a privately-held Company or a Sole Proprietor)

BUSINESS/PERSONAL CREDIT REFERENCES:

Name: _____

Telephone: _____

Address: _____

City/State/Zip _____

Name: _____

Telephone: _____

Address: _____

City/State/Zip _____

PRIOR BUSINESS LANDLORD INFORMATION:

Name: _____

Telephone: _____

Address: _____

City/State/Zip _____

(Please attach any other information that may be pertinent to the consideration of your application; i.e. lease presently in use, store layouts, photos, etc.)

The undersigned hereby authorizes the above financial and business references to furnish the information requested and authorizes LeVan Asset Management Corp. to obtain a credit report on the business entity and/or owners.

Authorized Signature _____ Date _____