

## Commercial Leasing Application Form

Business Name: \_\_\_\_\_

Property Providers LLC requires you to provide names, addresses, phone numbers and e-mail addresses of all business owners. Please print duplicate forms if necessary.

If you are a corporation or LLC, please provide copies of your Articles of Incorporation.

Owner's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_