160 McTyere Ave. Jackson, MS 39202 (769) 218-9254

OFFICE Lease Application

Applicant Information										
Full Name:				Date:						
	Last	First		M.I.						
Address:										
	Street Address				Apartment/Unit #					
	City			State	ZIP Code					
Dhama			E e e il							
Phone:			Email							
Date Requested: Social Security No.				Business Name:						
Property Re	quested:									
Length of Lease Requested: Monthly			6 Month	1 Year						
		Busine	ss Details							
Company:					EIN:					
Details:										
Dotano										
	-	Ducinco		_						
		Busines	s Members	_						
	List all members/p	artners of business here (if I	more than 3, please cont	inue list on s	separate page)					
First Owner					SS#:					
	Last	First		M.I.						
Address:	<u></u>									
	Street Address				Apartment/Unit #					
	City			State	ZIP Code					
Phone:			Email							

2 nd Owner:				SS#	t:
	Last	First	Γ	М.І.	
Address:	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:		E	Email		
3 rd Owner:	Last	First	٨	SS#	t:
Address:		, not			
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:		E	Email		
		Refere	ences	_	_
Please list t	hree professional reference				
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:					
Address:					
Full Name:				Relationship:	
Company:					
Address:					
		Banking In	formation		
Bank:			Opened:		Туре:
Address:			Phone:		
		Disclaimer ar	nd Signature		
I certify that	my answers are true and o	complete to the best of my	r knowledge.		

If this application leads to a lease contract, I understand that false or misleading information in my application may result in the cancellation of that contract.

Signature	
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Date:_____