



Professional Property Management

Consolidated Management

3109 H Street, Eureka, CA 95503

Ph. (707) 444-3835 : fax (707) 441-0985

COMMERCIAL APPLICATION

Please fill out completely by typing or printing in ink.

Application to rent property at _____

Business Name _____ **Type of business** _____

Type of Ownership : Sole Proprietor Corporation Partnership LLC

Tax ID# _____ Office phone (____) _____ - _____

Current address _____

City/State/Zip _____

Own Rent Landlord name & Ph. _____

How long at current address _____

e-mail : _____ Website: _____

President /Owner _____ CFO (if applicable) _____

Name of Principals and Titles

Name _____ Title _____

Social Security No. ___ - ___ - ___ Date of Birth ___/___/___

Name _____ Title _____

Social Security No. ___ - ___ - ___ Date of Birth ___/___/___

Emergency contact _____ Ph. _____ Relationship _____

Trade References

Company _____ Phone (____) _____ - _____ Contact Person _____

Company _____ Phone (____) _____ - _____ Contact Person _____

Company _____ Phone (____) _____ - _____ Contact Person _____

Bank _____ Type of Account _____ Acct Numb. _____ Phone (____) _____ - _____

Have you ever been a party of an unlawful detainer action or filed bankruptcy within the last seven years? No Yes if so, please explain _____

Have you ever been served a thirty day or a three day notice to pay rent or quit? No Yes if so, please explain _____

The undersigned applicant and principal(s) warrant that the above information is accurate and authorizes Professional & Consolidated Property Management Company to verify the above information including obtaining a credit report(s). It is understood that this application becomes the property of Professional & Consolidated Property Management Company once it is turned in and will not be returned to applicant.

Date _____ Applicant _____ Phone (____) _____ - _____