

Tropical Shoppes of Bayshore Condo Assoc.
C/O Watson Association Management
430 NW Lake Whitney Place, Port St. Lucie, FL 34986
772-871-0004-Phone ~ 772-871-0005-Fax
Paminfo@watsonrealtycorp.com

Commercial Lease Application

RENTAL UNIT ADDRESS _____

RENTAL UNIT OWNER _____

ASSOCIATION NAME _____

BUSINESS INFORMATION

Legal Business Name: _____ Established Since: _____

DBA Name: _____ Number of Employees: _____

Business Type: [] Sole Proprietor [] Partnership [] Corporation [] Other

Business Scope: _____ Gross Annual Revenue: \$ _____

Main Address: _____

Business Phone: _____ Business Email: _____

Business Fax: _____ Business URL: _____

BUSINESS RENTAL HISTORY

Current Address: _____

Landlord Name: _____ From/To: _____

Landlord / Agent Contact Number: _____ Rent: \$ _____

Reason for Leaving: _____

OWNER(S) INFORMATION

1. Full Name: _____ Birth Date: _____

Contact Number: _____ Email Address: _____

Social Security Number: _____

Home Address: _____

2. Full Name: _____ Birth Date: _____

Contact Number: _____ Email Address: _____

Social Security Number: _____

Home Address: _____

BANKING REFERENCE

1. Bank Name: _____ Account Number: _____

Bank Phone: _____ Account Type: _____

Bank Address: _____

2. Bank Name: _____ Account Number: _____

Bank Phone: _____ Account Type: _____

Bank Address: _____

I/We declare that all the information above is accurate and complete. I/We understand and agree that if any of the information is found to be false or incomplete, the landlord will have the right to reject this application and terminate the lease agreement with immediate effect.

I/We hereby authorize the landlord to run any credit check on me/us to verify any of the above information with relevant third parties such as landlords, banks, creditors or other persons.

Applicant Signature: _____ Application Date: _____

Applicant Signature: _____ Application Date: _____

Owner Signature: _____ Date: _____

Association Approval: _____