



10024 Office Center Ave. / Ste. 150
St. Louis, MO 63128
314-842-7000 or 800-995-6604
Fax: 314-842-7880
www.kingcommercial.com

Business Lease Application

Business Information

Legal Company Name _____ Type of Business _____
Address _____ City _____ State _____ Zip _____
Equipment Location (if different) _____ Years in Business _____ Federal ID # _____
Phone _____ Fax _____ Business Structure: Corp. Partnership Proprietor LLC
Vendor _____ Terms _____ Months Buyout: \$1.00 Or 10%FMV (Circle One)
Equipment _____ Cost \$ _____ New Used
Email _____ Website _____

Principal Information (Please include all principals. Attach additional information on separate page and sign below.)

Name _____ Title _____ % Owned _____ Phone # _____
Home Address _____ Social Security # _____-_____-_____
Name _____ Title _____ % Owned _____ Phone # _____
Home Address _____ Social Security # _____-_____-_____

Bank Reference (Minimum 2 year history) Including Depository Accts, Commercial Loans & Lines of Credit

Bank Name 1 _____ Branch Location _____ Officer _____
Phone # _____ Account # _____ Type of Account _____
Bank Name 2 _____ Branch Location _____ Officer _____
Phone # _____ Account # _____ Type of Account _____

Trade References

Company Name _____ Phone _____
Company Name _____ Phone _____
Insurance Name _____ Phone # _____ Contact _____
Landlord _____ Phone # _____ Contact _____

By Signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of it obligations, provides written instruction to King Commercial or it designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. I understand that by providing our company's phone/fax numbers, I consent to receive all phone/fax communications sent by or on behalf of King Commercial. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

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King Commercial Sales Rep: _____ Fax completed application to 314-842-7880.