

THOMAS DEVELOPMENT INC.

Commercial Real Estate Services

Rental Application Form

Date: _____

Applicant

Applicant's Name: _____

NC Driver's License Number: _____ SSN: _____ - _____ - _____

Spouse's Name: _____

NC Driver's License Number: _____ SSN: _____ - _____ - _____

Primary Address: _____

Phone(s): _____ (Work) _____ (Cell) _____ (Fax)

E-Mail Address: _____

Your Company

Company Name: _____

Primary Address: _____

Phone(s): _____ (Work) _____ (Cell) _____ (Fax)

E-Mail: _____ Website: _____

Current Landlord

Current Landlord: _____

Address of Premises Leased: _____

Landlord's Address: _____

Phone(s): _____ (Work) _____ (Cell) _____ (Fax)

E-Mail Address: _____

Employment

Current Employer: _____

Address: _____

Phone(s): _____ (Work) _____ (Cell) _____ (Fax)

E-Mail Address: _____

Employed Since: ____ / ____ / ____ Position: _____ Annual Income: _____

Supervisor: _____

Financial /Credit Reference

Name of Bank : _____

Account Type: _____ Account Number: _____

Name of Bank: _____

Account Type: _____ Account Number: _____

Name of Vendor : _____

Account Type: _____ Phone Number: _____

Name of Vendor : _____

Account Type: _____ Phone Number: _____

The undersigned applicant certifies that all information contained herein is true and correct, and understands that any misrepresentations may be grounds for the owner to void any subsequent lease. The applicant further understands that as part of the owner's normal procedure, routine inquiries will be made by the owner or his representative regarding the undersigned's general reputation, character and financial status. It is understood that the owner or his representative has permission to check any references or information on this application.

Applicant's Signature: _____ Date: _____

Lease Preparation Worksheet

Tenant's Name: _____
* Name that will appear as the Lessee on the Lease Agreement.

DBA: _____
* "Doing Business As" Name that your company uses as its trade name for signage, marketing, etc.

Mailing Address: _____

* All notices, reimbursement statements, and correspondence related to your Lease Agreement will be sent to this address.

Primary Contact: _____
Phone(s): _____ (Work) _____ (Cell) _____ (Fax)

E-Mail Address: _____
* Contact information for the person who should be listed as the primary point of contact for all matters related to your Lease Agreement.

The premises will be used for: _____

Insurance Agent's Name: _____

Phone(s): _____ (Work) _____ (Cell) _____ (Fax)

E-Mail Address: _____
* Contact information for the insurance agent responsible for providing proof of insurance and documentation naming the Landlord as additional insured.

Please return your completed form

by mail to:

**Thomas Development Inc.
P O Box 14165
New Bern, NC 28561**

by fax to:

**Thomas Development Inc.
252-637-7985**

by e-mail to:

**Brynn Thomas
brynnthomas@thomasdev.com**