



10566 State Road 267 North | Brownsburg, IN 46112
Phone: 317-852-9027 | FAX: 317-852-6659

Commercial Rental Application – Please Print

Name of Business _____
Description of Business _____
Type of Business (Check One): ___ Corporation ___ Partnership ___ Sole Proprietor ___ Other
Current Company Address _____ City _____ State _____ Zip _____
How Long _____ Years _____ Months Business Landlord Name _____ Phone # _____
Number of Employees _____ Years in Business _____ Annual Sale/Revenue _____
Business Reference Name _____ Phone # _____
Business Reference Name _____ Phone # _____
Bank Reference Name: _____ Phone # _____

Individual Information

Applicant Name _____ S.S. # _____ - _____ - _____ Phone # _____
Current Address _____ City _____ State _____ Zip _____
How Long _____ Years _____ Months Landlord Name _____ Phone # _____
Previous Address _____ City _____ State _____ Zip _____
How Long _____ Years _____ Months Landlord Name _____ Phone # _____
Personal Reference Name _____ Phone # _____
Personal Reference Name _____ Phone # _____

I (we) certify that the above information is true and correct and I (we) authorize Brownsburg Monopoly LLC to obtain a credit report. I (we) also acknowledge that Brownsburg Monopoly LLC reserves the right to contact my current and previous Landlord(s) and Employer(s) as well as my personal references listed, current and former landlords, and/or current and former people that I have worked with/for to gather information as to my character and standard of living. I (we) agree that such information will be gathered only to the extent it is allowed by law and will be used only for purposes of determining my qualifications as a tenant and agree to hold harmless any person or entity providing such information.

X _____
Applicant Signature Date