



Phone: 317-852-9027 | FAX: 317-852-6659

Commercial Rental Application

Applicant Information		
Name:		Driver's License #
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Landlord name:	Phone #	How long?
Previous address:		
City:	State:	ZIP Code:
Previous Landlord name:	Phone #	How long?
Business Information		
Name & Description of Business		
Business address:		Years in Business:
City:	State:	Zip Code:
# of Employees	Annual Sale/Revenue	Web Site:
Overnight Parking:	Phone Number:	Licensed:
Type of Business (Circle One): Corporation LLC Partnership Sole Proprietor Other (Specify)		
Landlord Name & Phone Number		
Bank Reference Name & Phone Number		
Co-applicant Information		
Name:		Driver's License #
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Landlord name:	Phone #	How long?
Previous address:		
City:	State:	ZIP Code:
Previous Landlord name:	Phone #	How long?
Trade References		
Company Name/Rep:	Address:	Phone:
<small>I (we) certify that the above information is true and correct and I (we) authorize Brownsburg Monopoly LLC to obtain a credit report and criminal background check. 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 neighbors, and/or current and former people that I have worked with 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.</small>		
Signature of applicant:		Date:
Signature of co-applicant:		Date:

COMMERCIAL PROPERTY APPLYING FOR: _____