

MILLAN ENTERPRISES

126 Main Street Suite A
Clarksville, TN 37040
931-538-6049
info@millanenterprises.com
millanenterprises.com

COMMERCIAL RENTAL APPLICATION

DATE: _____

Applicant/Principal Information

Full name: _____
FIRST MIDDLE LAST

Home Address: _____
STREET CITY, STATE, ZIP

How long at present address: _____ Landlord name & #: _____

DOB: _____ Social Security No.: _____

Home Phone:(____) _____ Cell Phone:(____) _____ Business/Fax:(____) _____

Employer: _____ Address: _____

Position: _____ Supervisor: _____ Monthly Income: _____

Co-Applicant Information

Full name: _____
FIRST MIDDLE LAST

Home Address: _____
STREET, CITY, STATE, ZIP

DOB: _____ Social Security No.: _____

Home Phone:() Cell Phone:() Business/Fax:()

Business Information

Company Name: _____

Please Choose One: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other _____

Current business Address: _____
STREET, CITY, STATE, ZIP

How long at present address: _____ Rent/Own: _____ Landlord Name/#: _____

Lease terms: _____ Notice Given?: _____ Monthly Rent/Payment: _____

Type of Business (retail, restaurant, office space, etc.): _____

Years in business: _____ Annual Sales/Revenue: _____ Tax ID #: _____

Description of business activities:

Do you have experience in this industry?: (describe)

Is your company licensed/authorized to do business in the state of TN?: ☐ Yes ☐ No

Have you ever had a business license revoked/suspended?: ☐ Yes ☐ No

If licensing permits or certificates are required to operate in the state of TN, please identify:

Type of Permit/Licence	Issued By	Date	Expiration

Business References: (Businesses dealt with on a regular basis)

Company Name: _____

Address: _____
STREET, CITY, STATE, ZIP

Name of Contact: _____ Phone Number: _____ Type

of business: _____

Description of business activities: _____

Company Name: _____

Address: _____
STREET, CITY, STATE, ZIP

Name of Contact: _____ Phone Number: _____ Type

of business: _____

Description of business activities: _____

Company Name: _____

Address: _____
STREET, CITY, STATE, ZIP

Name of Contact: _____ Phone Number: _____ Type

of business: _____

Description of business activities: _____

Bank References:

Name of Bank: _____

Address: _____

STREET, CITY, STATE, ZIP

Name of Contact: _____ Phone Number: _____

Name of Bank: _____

Address: _____

STREET, CITY, STATE, ZIP

Name of Contact: _____ Phone Number: _____

Do you have a line of credit? ☐ Yes ☐ No (If yes, please provide details below)

Source Limit Name of Guarantor _____

I/We confirm that all the information I/we have supplied is true and correct. I/We understand that I/we can be turned down for the property if I/we have falsified any information on this application. I/We hereby authorize the verification of all the above information by Millan Enterprises LLC. This application does not constitute a contract, lease or agreement, or space.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

Co-Applicant's Name (Print): _____

Co-Applicant's Signature: _____ Date: _____

MILLAN ENTERPRISES

126 Main Street Suite A
Clarksville, TN 37040
931-538-6049

info@millanenterprises.com
millanenterprises.com

Applicant Information Release

I hereby authorize any person or company I have listed as a reference on my lease application to disclose in good faith any information they may have regarding my qualifications and fitness for leasing at: _____. I will hold no company, any former employers, and any other person giving references free of liability for exchange of this information and any other reasonable and necessary information incident to the lease application process. I release this information to Millan Enterprises LLC representatives.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

Co-Applciant's Name (Print): _____

Co-Applciant's Signature: _____ Date: _____

MILLAN ENTERPRISES

126 Main Street Suite A
Clarksville, TN 37040
931-538-6049

info@millanenterprises.com
millanenterprises.com

BACKGROUND INVESTIGATION CONSENT FORM

Investigations By: CBCInnovis
12316 St. Andrews Dr. Suite B
Oklahoma City, OK 73120

The undersigned, _____ hereby gives permission to MILLAN ENTERPRISES, LLC and CBCInnovis, its employees, agents and it's designated members to complete a full investigation of my application by whatever means deemed necessary. This will include but is not limited to, employment, including salary, rental verification, a credit report, criminal background search, education, references, MVR, Sexual Offense Registries, bankruptcy, and collection/ judgment verification and verifications of any other things deemed necessary. The undersigned further understands that any and all records found will be submitted to the requestor. Any misrepresentations or omissions can result in the declination of my application.

Full Name: _____

Nick Names, Maiden Names, other Married Names: _____

DOB: _____ SSN: _____

Driver's License No. _____ State Licensed: _____

Current Address: _____

Previous Address: _____

All states lived in: _____

Applicant Signature: _____ Date: _____

Witness: _____ Date: _____