



Park Hill Place Business Center

830 North John Young Parkway • Kissimmee, FL 34741 • (407) 931-0006 (phone) • (407) 569-2101 (fax)
www.parkhillplace.com • holley@parkhillplace.com

LEASING APPLICATION

(Please complete both front and back sides of application)

Blank or unanswered questions may hold up application processing, please be concise and complete.

DATE: _____

APPLICANT/BUSINESS: _____ Tax ID # _____

(Full Legal Name of Business or Individual Applicant)

Mailing Address (include city, state and zip): _____

Physical Address (include city, state and zip): _____

Office # : _____ Cell#: _____ Fax # _____ Email: _____

PARTNERSHIP LLP / LLC CORPORATION State of Filing: _____ Date of Filing: _____

Year Business Started: _____ Does this business operate under any other name(s): Yes ___ NO ___

If Yes, list name(s) under which you operate: _____

Is business name(s) registered as a "DBA/Fictitious" Name? ___ If yes, where: _____
(city, county, state)

Parent Company: _____

(Full Legal Name)

Mailing Address (include city, state and zip): _____

Physical Address (include city, state and zip): _____

Main # : _____ Cell#: _____ Fax # _____ Email: _____

List Title, Name, Home Address and Telephone Number of each Owner, Partner or Stockholder or attach documentation which provides this information.

<u>Position</u>	<u>Name</u>	<u>Address</u>	<u>Home Telephone No.</u>

Has the business or any owner, principal, officer or stockholder been sued or filed bankruptcy? ___

If Yes, please explain: _____

Please describe in detail the Nature of the Business that you plan to conduct from *Park Hill Place*.

Please list the names, and title(s) of the individual(s) in your business who will be authorized to use and enter the lease premises. The following will be required for each person listed: Copy of valid Driver's License and Social Security Number.

Individual who is authorized to sign the "Lease" or other document(s) on behalf of Company, Corporation, LLP/LLC:

First Middle Last Title/Position Direct Office # Fax #

Home Street Address, City, State & Zip: _____

Email Address: _____ Home Phone: _____ Cell / Other Phone: _____

Social Security Number: _____ (Provide Copy of valid Driver's License)

IN CASE OF EMERGENCY

Please list two persons to contact in the case of an emergency.

First Name	Last Name	Relationship	1 st Phone No.	2 nd Phone No.

BANK REFERENCE:

Bank Name: _____ Location: _____

Contact: _____ Title: _____ Phone: _____

☉Checking Acct. No. _____ ☉Money Market/Savings – Acct. No. : _____

CREDIT / TRADE REFERENCES:

1. Company: _____ Phone: _____ Fax: _____

Address (include city, state and zip): _____

Account No. _____ Terms of Account: _____ Date Opened: _____

Person to Contact: _____ Title: _____
2. Name: _____ Phone: _____ Fax: _____

Address (include city, state and zip): _____

Account No. _____ Terms of Account: _____ Date Opened: _____

Person to Contact: _____ Title: _____
3. Name: _____ Phone: _____ Fax: _____

Address (include city, state and zip): _____

Account No. _____ Terms of Account: _____ Date Opened: _____

Person to Contact: _____ Title: _____

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify that the information contained herein is true, correct and complete. I further authorize that this form is confidential except for the express purpose of verification by Eaton Enterprises LLC d/b/a *Park Hill Place* which I hereby authorize.

Signature: _____ Date: _____

Printed or Typed Name of Person Signing and Title: _____



CREDIT AUTHORIZATION

I hereby authorize release to Eaton Enterprises, LLC d/b/a *Park Hill Place* credit information concerning myself or my company which may be required to establish credit. A photocopy of this authorization may be honored.

Authorized Signature: _____ Date: _____

Printed or Typed Name of Person Signing and Title: _____

Name of Business seeking credit: _____



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