



Desired Property: Madison Contractor Shops

Do you plan on using the contractor shop for a business operation? Yes No

If "Yes", what type of business do you plan on operating out of the Madison Contractor Shops? _____

Business Name (if applicable): _____

Current Business Address (if applicable) _____
Street State Zip

Renter Name: _____
First Last

Address: _____
Street State Zip

Social Security Number: _____ Birth Date: _____

Cell #: () _____ Email Address: _____

Business Credit References:

1.

_____ ()
Business Name Contact Person Phone #
Address of Business State Zip

2.

_____ ()
Business Name Contact Person Phone #
Address of Business State Zip

Please note this is a preliminary application and conveys no leasing or rental rights. Additional information may be requested as necessary to complete this application process. By signature below, I consent to any verification of information from the references I have listed above, as well as a credit check and/or criminal background check.

_____ Date: _____
Printed Name

Signature

All agents of Mills Property Management, Inc. represent the owner in this and any other transaction. Elena McKeown, a licensed responsible broker, is representing the owner in this transaction.

