



99 Commerce Place Suite 350 Largo MD 20774  
Ph. 301.324.0912 Fax 301.324.0915

**Commercial Tenant Application**

**Application must be completed by prospective tenant. Prospective tenant (s) and all signers must be 18 years or older. Completion of this application creates no obligation by the landlord for approval. There is a \$75 application fee for all lease signors and co-signors.**

**Please include three years' worth of business financial statements and/or tax returns. If you do have either for your business, please provide personal tax returns from the past three years.**

Landlord/Lessor: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Location of Leased Premises: \_\_\_\_\_

Suite(s) Under Consideration: \_\_\_\_\_



**Business Information**

Business Name: \_\_\_\_\_

Address of business: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Name (s) of business owners: \_\_\_\_\_

\_\_\_\_\_

Social Security Number (s) of business owners: \_\_\_\_\_

\_\_\_\_\_

Work Phone (s): \_\_\_\_\_

Mobile Phone (s): \_\_\_\_\_

Home Phone (s): \_\_\_\_\_

What form is the business entity (LLC, Corp, Partnership, etc.)?: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

State Formed: \_\_\_\_\_

Business Gross Monthly Income \_\_\_\_\_

Business Gross Yearly Income: \_\_\_\_\_

Please Provide Business Banking and Credit Card Information



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Bank Name	Type of Account	Account #	City
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit Card Type	Balance
_____	_____
_____	_____
_____	_____

**Landlord Information**

Name, Addresses and Phone Numbers of Current Landlord

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Length of Time at Current Address: \_\_\_\_\_

Why are you seeking to move? \_\_\_\_\_

\_\_\_\_\_

Do You Intend to build out or change the structure or fixtures at the property to be leased? If so, please list and attach drawings:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your signatures indicate that you agree the information disclosed by you is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you is material to the potential Lessor's decision with respect to granting or denying your application to enter a lease.

Person #1

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



1325 G Street NW Suite 500 Washington DC 20005  
Phone 202.449.7664 Fax 202.449.7665

**Release Form**

I, \_\_\_\_\_, the undersigned

authorize TILMON PROPERTIES, LLC and its agent Traci Miller to order, review or investigate

my banking, credit, employment and criminal histories. I further authorize all banks, employers, landlords, creditors, credit

card companies, references, and any and all other persons to provide to Landlord any and all information concerning my income, banking history, payment history or credit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_