



Lease Application

Please email to: info@pgpcrc.com. If you have questions call Lisa Locati at (702) 272-2827.

Property _____ unit # _____ Lessor _____

Lease Term _____ Monthly Rental _____ Other Information _____

Personal Information

1) Name _____ SS# _____ DL# _____

Home Address _____ City _____ State _____ Zip _____

DOB ____/____/____ Phone (H) _____ (Cell) _____

(W) _____ (Fax) _____

2) Other Signer _____ SS# _____ DL# _____

Home Address _____ City _____ State _____ Zip _____

DOB ____/____/____ Phone (H) _____ (Cell) _____

(W) _____ (Fax) _____

Business Information

Company Name _____

Current Business Address _____

Business Phone _____ Years in Business _____ D&B# _____

Type of Business _____ Proposed Building Use _____

May we contact your current landlord? Name _____ Phone # _____

Primary Contact

Name _____ Phone # _____

Financial Information

Bank Name & phone # _____ Checking Acct. # _____

Bank Name & phone # _____ Savings Acct. # _____

Bank Name & phone # _____ Checking Acct. # _____

Bank Name & phone # _____ Savings Acct. # _____

Trade References(1)

Name & phone # _____ Account Acct. # _____

Trade References(2)

Name & phone # _____ Account Acct. # _____

Trade References(3)

Name & phone # _____ Account Acct. # _____

Authorization

The undersigned hereby authorizes Property Group Partners, LLC to check the above references and request a credit report from credit agencies.

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

Please attach a copy of your current business license, tax returns for the past three years, and your most recent quarterly financial statement.

Comments: _____
