



BERG MANAGEMENT
Residential & Commercial Properties
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COMMERCIAL LEASE APPLICATION

All information on this application **must** be completed. Incomplete information can delay the processing of your application. If misrepresentations are found after an agreement is signed, your agreement will be terminated. PLEASE PRINT CLEARLY. A \$20 Credit Check fee may apply.

Address/Unit applying for: _____

Anticipated Move-in Date: _____

COMPANY INFORMATION

Company Name: _____

DBA (or formerly known as): _____

Address (main office): _____

Phone: _____

Type of Business (brief description of company activities): _____

LLP Sole Proprietorship Partnership Corporation Non-Profit LLC

Federal Tax ID.: _____ State: _____ Years in business: _____

Number of employees: _____ Company website: _____

Contact Person: _____ Title: _____

Contact Phone: _____ e-mail address: _____

COMMERCIAL RENTAL HISTORY

Present address: _____

How Long: _____ Rent Own Monthly Payment: \$ _____

Reason for moving: _____

Landlord/Mortgage Co.: _____ Phone: _____

(Complete if less than one year at present address)

Previous address: _____

How Long: _____ Rent Own Monthly Payment: \$ _____

Reason for moving: _____

Landlord/Mortgage Co.: _____ Phone: _____

BANKING REFERENCE

Bank Name: _____ Phone: _____

Address: _____

Contact Person: _____

Account No.: _____ Checking Savings Balance: \$ _____

REFERENCES (Company, Personal, or Past Employer)

Company: _____ Phone: _____

Address: _____

Account #: _____ Contact Person: _____

Company: _____ Phone: _____

Address: _____

Account #: _____ Contact Person: _____

Company: _____ Phone: _____

Address: _____

Account #: _____ Contact Person: _____

COMPANY/PERSONAL INFORMATION

Company Principals

Name: _____ Title: _____

Social Security No.: _____ Date of Birth: _____

Address: _____

Name: _____ Title: _____

Social Security No.: _____ Date of Birth: _____

Address: _____

Name: _____ Title: _____

Social Security No.: _____ Date of Birth: _____

Address: _____

Company Accountant/Auditor

Company: _____ Phone: _____

Address: _____

Contact Person: _____

Company Insurance

Provider: _____ Phone: _____

Address: _____

Contact Person: _____

Insurance Type: Contents Liability Umbrella Other: _____

Please Attach the following, if available:

- Company Audited Financials or equivalent
- Business Plan or equivalent
- Marketing Plan or equivalent
- Move-In Timeline/Plan

I certify that all the information provided above is true and correct to the best of my knowledge, and understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. Furthermore, I authorize Berg Management to perform verification of the information provided in this application, which includes, but is not limited to; conducting a consumer credit report, criminal background check, as well as contacting current and previous landlords, and employers for rental references, and income verification purposes. This permission will survive the expiration of my tenancy.

Print Applicant Name

Applicant Signature

Date