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**COMMERCIAL APPLICATION FOR CANNON PROPERTIES INC.**  
**ALL INFORMATION MUST BE COMPLETED IN ORDER TO BEGIN PROCESSING**

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Office Address \_\_\_\_\_ Suite# \_\_\_\_\_ Size \_\_\_\_\_  
Rental Amount \$ \_\_\_\_\_ Inspection/Use Fee \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_  
Initial Deposit \$ \_\_\_\_\_ Date \_\_\_\_\_ Add'l Deposit (Due within two weeks) \_\_\_\_\_ Date \_\_\_\_\_

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Company Name \_\_\_\_\_ Company Phone # \_\_\_\_\_  
EIN # \_\_\_\_\_ Company E-mail \_\_\_\_\_  
Owner/Officer of Company \_\_\_\_\_  
Company Mailing Address \_\_\_\_\_  
Type of Business \_\_\_\_\_  
How long has company been in business? \_\_\_\_\_ Expected No. of Employees \_\_\_\_\_  
Name of Office Manager (If other than Lessee) \_\_\_\_\_

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**CREDIT INVESTIGATION WILL BE RUN ON OWNER/OFFICER OF COMPANY**

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Lessee (Must be Owner or Officer of Company) \_\_\_\_\_  
Title \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Owner/Officer Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Contact person in case of Emergency: Name \_\_\_\_\_ Phone # \_\_\_\_\_

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1. The undersigned (whether one or more, herein collectively called "Applicant") hereby applies to Cannon Properties, Inc. (herein called "Owner") for a lease of the Office/Warehouse suite listed above in accordance with the terms hereof, and upon acceptance of this application agrees to execute and deliver to Owner a lease for said Office/Warehouse Suite, prepared upon Owner's standard lease form.
2. Applicant warrants that the facts and representations herein are true and correct, that only the company listed above will occupy the said office/warehouse space, and Applicant agrees that any misstatement of the fact, or breach of this warranty shall constitute sufficient cause for Owner to cancel any lease for, or secure immediate possession of, any office leased pursuant hereto.
3. Applicant deposits herewith a good faith deposit in a sum equal to one month's rent (+ non-refundable credit application fee) and it is mutually understood that in the event of Applicant's cancellation (except if cancelled within the first 24 hours) or refusal to enter into a lease agreement with Owner, Applicant agrees to forfeit the above-listed deposit as liquidated damages for expenses incurred in processing this application and holding this office space. In the event of acceptance, the good faith deposit shall be applied toward the security deposit.
4. No pets will be allowed within leased premises.
  - a. NOTE: Service animals are not considered "pets"; therefore, with proof of certification, the NO Pet Policy does not apply.

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Applicant acknowledges having read and having been informed of all terms of this application and hereby authorizes Owner to acquire any necessary credit information with regard to this application.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

If you were referred by a current tenant, please list name of tenant \_\_\_\_\_  
Unit #: \_\_\_\_\_

**(COPY OF DRIVER'S LICENSE OR VALID PHOTO ID REQUIRED)**