

COMMERCIAL LEASE APPLICATION

PERSONAL INFORMATION	
Name of Principal Individual:	Social Security #:
Driver's License #:	Issuing State:
Mailing Address:	
Physical Address:	
Home Phone:	Cell Phone:
Email Address:	
BUSINESS INFORMATION	
Legal Name of Company/Business:	
DBA Name (if different from Legal Name)	Federal Tax ID #:
City Business License Number:	City:
Mailing Address:	
Physical Address:	
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
Nature of Business:	
Name of Other Principal:	Social Security #:
Name of Other Principal:	Social Security #:

FINANCIAL INFORMATION		
Bank Name:	Address:	
Approx. Balance:	Account #:	Phone #:
Bank Name:	Address:	
Approx. Balance:	Account #:	Phone #:
Bank Name:	Address:	
Approx. Balance:	Account #:	Phone #:

PERSONAL REFERENCES		
Name	Address	Phone #
1.		
2.		
3.		
VENDORS/SUPPLIERS REFERENCES		
Company Name	Address	Phone #
1		
2		
3		

Continued on back



COMMERCIAL LEASE APPLICATION (CONTINUED)

Have you ever filed a petition of bankruptcy? _____

Have you ever been evicted from any tenancy or had an eviction notice served on you? _____

If yes to any of the above, please indicate date of occurrence: _____

AUTHORIZATIONS

I authorize Port of Astoria to contact the references listed for information.

I declare that the foregoing is true and correct. I further agree to pay the Port of Astoria a non-refundable screening fee of **\$45.00**. Please make checks payable to Port of Astoria.

Please mail or walk-in application to the Property Manager at: Port of Astoria, #10 Pier 1, Suite 308, Astoria, OR 97103.

PROOF OF PHYSICAL ADDRESS

Persons applying are required to present valid **proof of physical address**. The following items will be accepted by Port staff as valid forms of proof:

- Property Tax Receipt;
- Posted Mail with name of applicant;
- Utility Bill;
- Lease Agreement;
- Voter Registration Card.

CREDIT INQUIRY RELEASE

In connection with my application for commercial lease, I understand that an investigative inquiry is to be made on myself and business, including, but not limited to my consumer and commercial credit reports.

I understand that the information and reports developed will include my personal credit history. I further understand that for purposes of this inquiry, various sources will be contacted to provide information, including but not limited to various Federal, state, municipal, corporate, private and other agencies, which may maintain records concerning my current and past activities relating to my personal credit performance.

I hereby authorize without reservation any company, agency, party, or other source contacted to furnish the above Information as requested. I do hereby release, discharge and indemnify the Port of Astoria, its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information.

I am willing and acknowledge that a photocopy of this authorization be accepted with the same authority as the original and this signed release expires one (1) year after the date of origination.

I further agree that the Port of Astoria may terminate any agreement entered into in reliance on any misrepresentation made above.

Authorized Representative or Applicant's Signature

Print Name: _____ Signature: _____ Date: _____