



COMMERCIAL APPLICATION

1046 Riverside Avenue, JACKSONVILLE FL 32204

904.683.5230 PHONE 904.683.5226 FAX

Property Address

Business Information

Name of Tenant /DBA _____

Type of business _____

Corporate Phone Number _____

Local Phone Number _____

Business License Number _____ State of _____

Incorporation _____

Current Locations _____

Email Address _____

Web Address _____ Corporate Phone
Number _____

Current Landlord

Name _____ Phone No. _____

Fax No. _____

Occupation Date _____ Email Address:

Present Business Address _____ Years at Location _____

Full Description of Intended

Use _____

Vendor References

Company Name _____

Contact Person _____

Phone Number _____

Email _____

Company Name _____

Contact Person _____

Phone Number _____

Email _____

Company Name _____

Contact Person _____

Phone Number _____

Email _____

Bank Reference _____

Account Number _____

Contact Person _____

Phone Number _____

Email _____

Bank Reference _____

Account Number _____

Contact Person _____

Phone Number _____

Email _____

Personal Information of Guarantor

Name (first, M.I., Last) _____

Title _____

Social Security Number _____

Contact Number _____

Home Address _____

City _____ State _____

Zip _____

Personal References

Name/Title _____

Phone Number _____

Email _____

Name/Title _____

Phone Number _____

Email _____

Name/Title _____

Phone Number _____

Email _____

