

**LeVan Asset Management Corp.**  
**Licensed Real Estate Broker**  
**8250 College Pkwy, #201**  
**Fort Myers, FL 33919**  
**(239)482-4580**  
**FAX (239)482-4193**

**TENANT APPLICATION**

**BUSINESS INFORMATION:**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Franchise \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Number of Existing Locations: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Type of Merchandise or Service: \_\_\_\_\_

**OWNER INFORMATION:**

Name(s): \_\_\_\_\_

Address (No P. O. Box): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

**FINANCIAL INFORMATION**

Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_

Officer Contact: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_

Officer Contact: \_\_\_\_\_

**(Attach Annual or 10K Report if you are a Public Corporation, or a Financial Statement if you are a privately-held Company or a Sole Proprietor)**

**BUSINESS/PERSONAL CREDIT REFERENCES:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**PRIOR BUSINESS LANDLORD INFORMATION:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**(Please attach any other information that may be pertinent to the consideration of your application; i.e. lease presently in use, store layouts, photos, etc.)**

The undersigned hereby authorizes the above financial and business references to furnish the information requested and authorizes LeVan Asset Management Corp. to obtain a credit report on the business entity and/or owners.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_