# PARKWAY PROPERTIES LEASE APPLICATION

585 Cobb Parkway South
Marietta GA 30060

Your Name: _____

Home Address: _____

_____

Driver's License No. _____ State of Issuance: _____

Social Security Number: _____ Date of Birth: _____

Spouses Name: _____

Applicant Cell: _____Spouse Cell:_____

Is your business a corporation, LLC or other entity? Yes No

- If yes, what form of business entity? _____
- Federal Tax ID Number: _____
- State in which entity formed? _____

Business Name:_____

Work sold/marketed via:

Website Address: _____

Current Business Address _____

City State Zip _____ _____ _____

Business Phone Number: _____

Description of your work:

_____

Annual Income: $ Monthly Housing Expenses: $

Credit References: _____

Name: _____

Address: _____

City State Zip _____ _____ _____

Contact: _____ Phone: _____

Business Reference: _____

Address: _____

City State Zip _____ _____ _____

Contact: _____ Phone: _____

Email address:

_____

Copy of drivers license attached:-_____

How long at current Business address?

Business Landlord Contact, Name,Phone #

Emergency contact:

_____

Phone Number:_____

Relationship_____

| For Landlord's Use Only |
|---|
| Rent Amount: |
| Deposit: |
| Date Lease to begin: |
| End of Lease: |

CONSENT TO CREDIT CHECK:The undersigned applicant(s) authorize Landlord to order and review credit and criminal history and investigate and verify the accuracy of the information contained in the application through various means including obtaining credit reports, verifying banking information, references, etc.

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

Signed: _____ Date: _____

Signed: _____ Date: _____