

Whaling Properties LLC Commercial Rental Application

P.O. Box 2597
Pittsfield, MA 01202
Fax: 413-496-9836
Phone: 413-442-5569
www.whalingproperties.com

DATE: _____

LOCATION: _____

APPLICANT INFORMATION

1. Company name _____
2. Address _____

3. Telephone Office _____ Fax _____
4. Social Security # _____ Date of Birth: _____
5. Year Established _____

APPLICANT'S Trade References Please list three

1. Trade Reference _____
2. Trade Reference _____
3. Trade Reference _____
4. Trade Reference _____

APPLICANT'S Bank Information

1. Bank Name _____
2. Bank Contact _____

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MISCELLANEOUS

- | | | |
|---|-----|----|
| 1. Have you ever been evicted | yes | no |
| 2. Failed to pay timely rent | yes | no |
| 3. Filed for bankruptcy | yes | no |
| 4. General description of company service | | |

Disclosure / Agreement / Consent

1. I/we authorize you to conduct an employment/credit check concerning my/our application and to verify all references.
2. I/we declare that all information listed on this application is true and accurate.

Applicant's signature and date

Co-applicant's signature and date

Application received by and date