PHOENIX SHOPPING CENTERS LEASE APPLICATION

Business Name		No. Location	ons
Current Business Add	ress		
	Street	Suite	No.
	City	State	Zip
Bus. Tel.:	Fed. Tax ID:	: E-Mail	:
Current Landlord's N	lame		
Current Landlord's A	Address		
	Street	Suite	No.
	City	State	Zip
Current Landlord's T	elephone:	Square Foot	age Needed
Bank Name:	_	Date Account Ope	ened:
Form of Ownership:	Corporation Sole Proprietor _		LLC
Gross Receipts (most o	current year):		
_			
Length of Time in B	usiness 1	Length of Time at Bus	iness Address
Special Space Require	ements		
Full Name of Person Si	gning Lease		
Home Address:	Street		Apt.
City	Chata	Zip	
, , , , , , , , , , , , , , , , , , ,	State		
Own Home: Yes	_ No L	ength of Time at Hor	ne Address
Addresses Other Real	Property Owned:		
1.	_		_
2.			
Have you ever filed for	bankruptcy?	If so, when discha	rged?
Soc. Security No:	Dr	iver's License No	State
Home Telephone:	Fa	x:	Pager
Cell Telephone:		Home E-mail:	

Name:		
Address:		
Telephone:		
Type of Account:	Account No	Year Opened
Name:		
Address:		
Telephone:		
Type of Account:	Account No	Year Opened
Name:		
Telephone:		
T	A a a sum t NI a	
	Account Noersonal references:	Year Opened
Please list two po		Year Opened
	ersonal references:	Year Opened Daytime Telephone
Please list two pe	ersonal references:	
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