



**PROPERTY MANAGEMENT, LLC**  
SINCE 1959

220 Waterman Street  
Providence, RI 02906

## COMMERCIAL APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application. PLEASE PRINT CLEARLY.

### OCCUPANT(S)

Company \_\_\_\_\_

Address (Main Office) \_\_\_\_\_  
Number Street City State Zip

DBA: Sole Prop  Partnership  Corp.  Corp. No. \_\_\_\_\_ Year Established \_\_\_\_\_

Employer ID# \_\_\_\_\_ Number of Employees \_\_\_\_\_

Type of Business \_\_\_\_\_ Gross Annual Revenue \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Fax # \_\_\_\_\_

### COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address \_\_\_\_\_  
Number Street City State Zip

Rent  Own  Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord Name/Mortgage Co. \_\_\_\_\_ Phone# \_\_\_\_\_

Previous Address \_\_\_\_\_  
Number Street City State Zip

Rent  Own  Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord Name/Mortgage Co. \_\_\_\_\_ Phone# \_\_\_\_\_

### BANKING REFERENCE

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip



Account # \_\_\_\_\_ Checking  Savings  Balance \_\_\_\_\_

### OTHER INFORMATION

#### THE PRINCIPALS

1) \_\_\_\_\_ Title \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

2) \_\_\_\_\_ Title \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

### CREDIT REFERENCES

1) Company \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

2) Company \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

3) Company \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

### AUTHORIZATION

It is agreed and understood that J & W Property Management LLC or its assignee may attain a credit report. There is a \$30 non-refundable fee to obtain the report. NO APPLICATION WILL BE PROCESSED WITHOUT SUCH A REPORT. DEPOSITS ARE NON-REFUNDABLE. Applicant authorizes the landlord to contact past or present landlords or any other sources deemed necessary to investigate applicant. I certify that this statement is true and complete to the best of applicant's knowledge. This application shall remain property of J & W Property Management LLC. **ANY DISCREPANCY MAY DISQUALIFY ME.**

1) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

2) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_