

ST. THOMAS PROPERTIES, LLC

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St. Thomas, VI 00802

Telephone: (340) 776-1448

COMMERCIAL RENTAL APPLICATION FORM

DATE: _____

PROPERTY: _____

IF APPLICANT IS A COMPANY:

NAME OF APPLICANT: _____

DBA (If applicable): _____

ADDRESS: _____

CONTACT PERSON: _____ POSITION IN COMPANY: _____

CURRENT BUSINESS ADDRESS: _____

HOW LONG HAVE YOU BEEN AT THIS ADDRESS? _____ CURRENT RENT _____

PHONE: _____

MOBILE: _____

EMAIL: _____

FAX: _____

CURRENT LANDLORD/AGENT: _____

TELEPHONE NO: _____

Federal Tax ID Number: _____

Business Type (e.g. "pharmacy") _____

BANK: _____

GUARANTORS:

Individual 1. Name: _____

Address: _____

Phone: _____ Mobile: _____

Email Address: _____

Date of Birth: _____ Drivers Licence No: _____

Social Security Number: _____

Individual 2. Name: _____

Address: _____

Phone: _____ Mobile: _____

Email Address: _____

Date of Birth: _____ Drivers Licence No: _____

Social Security Number: _____

IF APPLICANT(S) IS NOT A COMPANY:

Individual 1.

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email Address: _____

Date of Birth: _____ Drivers Licence No: _____

Individual 2.

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email Address: _____

Date of Birth: _____ Drivers Licence No: _____

PROPOSED LEASE TERMS:

DESCRIPTION OF BUSINESS: _____

PROPOSED USE OF PREMISES: _____

WORK PROPOSED TO BE COMPLETED BY APPLICANT: _____

TRADE REFERENCES:

1. Phone:

2. Phone:

3. Phone:

PLEASE PROVIDE A CREDIT REPORT WITH YOUR COMPLETED APPLICATION.

Signed by the Applicant

(Signature)

(Print Name)

Date: _____