

Waveland Plaza Lease Application

Date: _____

PLEASE PRINT CLEARLY. E-mail application to: randholdingsolutions@gmail.com or fax to (870) 226-7859

Business Name: _____

Company Name: _____

Address (Main Office): _____

Doing Business as: _____ Sole Proprietor Partnership Corporation

State Bus. ID: _____ Year Established: _____

Federal Tax ID: _____ No. of Employees: _____

Description of Business: _____

Gross Annual Revenue 2020: \$ _____

Gross Annual Revenue 2019 \$__

Primary Contact Person: _____ Title: _____

Phone No.: _____ Fax No.: _____

Secondary Contact Person: _____ Title: _____

Phone No.: _____ Fax No.: _____

Sketch out your plans to build out your unit

What is the budget for your unit's build out?

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BANKING REFERENCE:

Bank Name: _____	Phone No.: _____
Address: _____	Years as customer: _____
Account No.: _____	Checking _____ Saving _____
_____	Balance \$ _____

THE PRINCIPALS OF THE BUSINESS

Principal 1: _____	Title: _____
Social Security No.: _____	Date of Birth: _____
Address: _____	_____
Principal 2: _____	Title: _____
Social Security No.: _____	Date of Birth: _____
Address: _____	_____
Principal 3: _____	Title: _____
Social Security No.: _____	Date of Birth: _____
Address: _____	_____
Principal 4: _____	Title: _____
Social Security No.: _____	Date of Birth: _____
Address: _____	_____

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HHHHH

Have any of the principals been convicted of a crime or filed for bankruptcy?

If yes, please explain: _____

Has business been over 30 days late to a previous landlord? _____

Has your business been evicted from a property in the past 5 years? _____

Does your business want any additional signage? If yes, where?

How many parking spots are needed for employees?

How many exclusive tenant parking spots are requested?

What are your hours of operation?

What days are you going to be open?

Until what time do need the parking lot lights to remain on?

PROVIDE TWO PERSONAL AND TWO BUSINESS REFERENCES:

Person 1: _____ Phone _____

Address: _____

Person 2: _____ Phone _____

Address: _____

Business 1: _____ Phone _____

Address: _____

Business 2: _____ Phone _____

Address: _____

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AUTHORIZATION – To Run a Credit Check:

Waveland Plaza or any firm acting on its behalf is hereby granted
permission to perform a credit check on our company and/or its principals.

- | | |
|---------------------|--------------|
| 1. Signature: _____ | Date: _____ |
| Name: _____ | Title: _____ |
| 2. Signature: _____ | Date: _____ |
| Name: _____ | Title: _____ |
| 3. Signature: _____ | Date: _____ |
| Name: _____ | Title: _____ |
| 4. Signature: _____ | Date: _____ |
| Name: _____ | Title: _____ |

OFFICE USE ONLY:

DOES BUSINESS COMPLIMENT BASE?

Remarks:

Unit no. and move in Date:

Exact spelling for monument signage:

Position of tenant on monument sign.

Does tenant request additional signage?

Does tenant request video security?

NOT ACCEPTED

Reason: