

Atrium Office Suites, LLC

1515 N. Warson, St. Louis MO 63132

COMMERCIAL LEASE CREDIT APPLICATION

Suite Applying for:

1. INDIVIDUAL Full Name: (include any suffix)

Social Security No: _____ Birth Date: _____ Drivers License # _____ State: _____

Current Home Address: _____ City: _____ State: _____ Zip: _____

A Valid Email is required

Email: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

If less than 2 years at current address, please list previous address:

Employer: _____ Telephone: _____

Employer Address: _____

If employed less than 2 years, please list previous employer:

Employer Address: _____

Name and address of landlord(s) last two years:

Please list two personal references along with their telephone numbers and indicate relationship:

1) _____

2) _____

2. BUSINESS Name:

Tax ID No: _____ C Corp _____ S Corp _____ Partnership _____ LLP _____ LLC _____ Individual _____

Current Address: _____

Business Phone: _____ Business Fax: _____

Operating Name or DBA: _____

If less than 2 years at current address, please list previous address:

Your signature authorizes **Atrium Office Suites** to obtain a credit check on you and your business.

Signature: _____ Date: _____

Please fax or email completed form to (f) 314-209-1911 or Atrium@TheAtriumOfficeSuites.com