

# Atrium Office Suites, LLC

1515 N. Warson RD, St. Louis MO 63132

## COMMERCIAL LEASE CREDIT APPLICATION

Suite Applying for:

Current Credit Score

**1. INDIVIDUAL** Full Name: (include any suffix)

State

Social Security No:

Birth Date:

Drivers License #

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:

Previous 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 Business

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, email or slide under door to Suite 100 the completed form: (fax) 314-209-1911  
or [Atrium@TheAtriumOfficeSuites.com](mailto:Atrium@TheAtriumOfficeSuites.com)