



**HERITAGE PALMS
POWER SUITES**

Return to: Heritage Palms LLC

Fax: (623) 214-2293
Email: craig@heritagepalms.com

LEASE APPLICATION

To be completed by Tenant

Company Name _____

Company Address _____

Principal's Personal Address _____

Corporation LLC Partnership Individual Sole Proprietorship

State Incorporated/Organized _____ Year Incorporated/Organized _____

Tax ID # _____ No. of Employees _____

Principal's Name _____

Name of Principal's Spouse _____

Existing Phone # _____ Existing Fax # _____

Business Description _____

Business hours : M-F _____ ; Sat. _____ ; and Sun. _____

Maximum number of persons working at business per day _____

Maximum number of vehicles to be parked in business parking lot per day _____

Bank _____

Bank Contact Name _____ Phone# _____

Type of Account _____ Acct. # _____

Principal's Social Security # _____ EIN _____

Amount of space and/or rooms desired to be rented: _____

DATE _____

SIGNATURE _____