

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