

LEASING INFORMATION				
Apartment:	Rent:	Security Deposit:	Agent:	
Start Date:	Lease Length:	Broker:	Broker Phone:	
COMPANY INFORMATION				
FULL COMPANY NAME			TAX ID & DUNS NUMBER	
COMPANY TYPE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC <input type="checkbox"/> OTHER				
COMPANY'S CURRENT PLACE OF BUSINESS				
STREET ADDRESS		CITY	STATE	ZIP
Primary Phone Number		YEARS AT ADDRESS	YEARS IN BUSINESS	
LANDLORD/MANAGEMENT COMPANY				
CONTACT NAME		PHONE	EMAIL	
BUSINESS PROFILE				
NATURE OF BUSINESS				
PRESIDENT OF FIRM			YEARS WITH FIRM	
BANK REFERENCES				
BANK NAME		ACCOUNT NUMBER		PHONE
CONTACT NAME		BRANCH	TYPE OF ACCOUNT	EMAIL
BANK NAME		ACCOUNT NUMBER		PHONE
CONTACT NAME		BRANCH	TYPE OF ACCOUNT	EMAIL
TRADE REFERENCES				
CONTACT NAME		COMPANY NAME	PHONE	EMAIL
CONTACT NAME		COMPANY NAME	PHONE	EMAIL
BUSINESS REFERENCES				
BUSINESS CPA/ACCOUNTANT		COMPANY NAME	PHONE	EMAIL
BUSINESS ATTORNEY		COMPANY NAME	PHONE	EMAIL
OCCUPANT INFORMATION - PRINCIPAL INDIVIDUAL(S) RESPONSIBLE FOR LICENSE AGREEMENT				
FIRST	MIDDLE	LAST	DOB	SSN/COUNTRY ID
STREET ADDRESS		CITY	STATE	ZIP
FIRST	MIDDLE	LAST	DOB	SSN/COUNTRY ID
STREET ADDRESS		CITY	STATE	ZIP
<p>I warrant that all statements above are true. I further represent that I am not licensing a unit under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I hereby give my permission to conduct an investigative consumer report on me. If this application is approved, I authorize Nectar Furnished Apartments ("Owner") or its agent(s) to conduct further credit inquiries. I hereby hold Advanced Data Corporation, Advanced Data International, Owner and its agents free and harmless of any liability in conjunction with this application. No representations or agreements by any third party are binding on Owner/Agent, unless included in an executed license agreement. Owner makes no guarantee regarding the status of this application or the availability of any unit. If a license agreement is approved and executed, this completed application form becomes a part of that certain license agreement.</p>				
Applicant Signature: _____			Date: _____	
Please print clearly or type and return completed application with supplemental documentation & ID				