

ABEL COMMERCIAL CONFIDENTIAL TENANCY APPLICATION
3/395 NEPEAN HWY FRANKSTON 9770 1033 FAX 9770 1612

APPLICATION PROPERTY:

APPLICANTS COMPANY NAME:

REGISTERED ADDRESS: ABN NO:

APPLICANT/GUARANTOR FULL NAME: (a)

PRIVATE ADDRESS:

DATE OF BIRTH: DRIVERS LICENCE NO:

APPLICANT/GUARANTOR FULL NAME (b)

PRIVATE ADDRESS:

DATE OF BIRTH: DRIVERS LICENCE NO:

PREVIOUS ADDRESS:

OCCUPATIONS: (a) (b)

NAME OF EMPLOYER: (a) (b)

PH NUMBERS: (a) BUS: AH: MOB:

PH NUMBERS: (b) BUS: AH: MOB:

BANK: BRANCH:

BSB/ACCOUNT:

OTHER TRADING LOCATIONS:

PREVIOUS LANDLORD/AGENT:

TRADE REFEREES: 1. Tel:
2. Tel:

APPLICANTS HOME PROPERTIES: (a) Address

Market Value approx \$ Monies Owed approx \$

(b) Address

Market Value approx \$ Monies Owed approx \$

GUARANTORS PROPERTIES: (a) Address

Market Value approx \$ Monies Owed approx \$

(b) Address

Market Value approx \$ Monies Owed approx \$

PROPOSED USE OF PREMISES:

I/We declare that the above information is true and correct.

I/We give our consent for the release of information between credit providers and agencies prior to the acceptance of this application, and agree to enter a direct debit facility for rental payment if requested to do so.

I/we acknowledge that this application will incur a qualification cost of \$330 inc GST which covers:- credit checks, company checks, abn registration checks, National Tenancy Database and non retail documentation preparation costs on behalf of the Lessor.

Signed: (a) (b)

Witness name: Date:

Witness signature