



DATE: _____

NAME: _____ S.S.# _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: WORK: _____ HOME: _____

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

OWNERS AND/OR PRINCIPALS: _____

DO YOU PRESENTLY LEASE OR HAVE LEASED OFFICE SPACE BEFORE? ____ YES ____ NO

If yes, name and phone number of most recent landlord

PERSON WHO WILL SIGN THE LEASE: _____

ANTICIPATED DATE YOU WOULD LIKE TO MOVE IN: _____

LENGTH OF LEASE DESIRED: ____ 6 MONTHS ____ 12 MONTHS ____ 24 MONTHS ____ MONTHS

NAME ON BUILDING DIRECTORY SIGN: _____

NAMES OF INTENDED OCCUPANTS: _____

BANK/BUSINESS REFERENCE: _____

PERSONAL REFERENCE: _____

SUPPLIER/VENDOR: _____

I hereby give permission to High Associates, Ltd., and/or The Executive Offices at Rossmoyne, its owners and agents, to obtain credit references information on me or my company, for the purpose of leasing office space. Any such information obtained shall remain confidential.

SIGNATURE: _____ DATE: _____

Submission of a signed application to lease does not imply or guarantee that an office has been reserved for you or that a lease will be executed. Only upon receipt of a fully executed lease, signed by both Landlord and Tenant, along with a security deposit and first month's rent, is an office considered rented. Please contact the Executive Office Manager at 717-790-6020 in regard to any questions you may have about our policy on this matter.