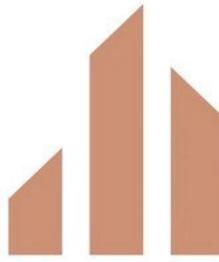


T.O.V. Property Management
P.O. Box 445 Monsey, NY 10952
Tel (845) 694-8894
Email: office@tovmanagement.com
Website: www.tovmanagement.com



OFFICE / COMMERCIAL RENTAL APPLICATION

Office / Suite Applying For: _____

Building Address: _____ Date: _____

BUSINESS INFORMATION

Legal Business Name: _____ DBA (if any): _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Website (if any): _____

Type of Business _____ Years in Business: _____

OWNERS / PRINCIPALS

Owner / Principal Name: _____

Title: _____

Phone: _____ Email: _____

SSN or EIN: _____

Additional Owner / Partner:

Name: _____

Title: _____

Phone: _____ Email: _____

CURRENT / PRIOR LANDLORD (If Applicable)

Landlord / Management Company: _____

Phone: _____ Email: _____

Address: _____

Reason for Moving: _____

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Website: www.tovmanagement.com



REFERENCES (Business or Professional)

1. Name _____ Phone _____
Relationship. _____
2. Name _____ Phone _____
Relationship. _____
3. Name _____ Phone _____
Relationship. _____

AUTHORIZATION

The undersigned certifies that all information provided is true and correct.
Applicant authorizes T.O.V. Property Management to verify credit, financial,
business, and landlord references in connection with this application.

Authorized Signer Name: _____

Title: _____ Cell Number: _____

Signature: _____ Date: _____