

# COMMERCIAL LEASE APPLICATION

Property Address: 46 NE 82 St, Miami Florida 33138

Landlord: Architecture Experience Inc. Doing business as Magic River  
Primary Contact: Matthew Ostrowski  
Office Phone: 786-589-0294

Please provide all the information requested below. Incomplete information can delay the processing of your application. COMPLETE and return to [info@archxo.com](mailto:info@archxo.com)

**APPLICATION FEE: \$150.00 (FEE IS NON-REFUNDABLE) PAYPAL TO BILLING@ARCHXO.COM**

## COMPANY INFORMATION

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ [Number] \_\_\_\_\_ [Street] \_\_\_\_\_ [Unit/#] \_\_\_\_\_ [City] \_\_\_\_\_ [State]  
\_\_\_\_\_ [ Zip Code]

DBA Type:  Sole Proprietary  Partnership  LLC  Corporation  
Corp No.: \_\_\_\_\_ Year Established: \_\_\_\_\_ Employer ID: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Gross Annual Revenue: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Website: \_\_\_\_\_ Email: \_\_\_\_\_

## COMMERCIAL RENTAL HISTORY

Present Address: \_\_\_\_\_ [Number] \_\_\_\_\_ [Street] \_\_\_\_\_ [Unit/#] \_\_\_\_\_ [City]  
\_\_\_\_\_ [State] \_\_\_\_\_ [ Zip Code]  
Rent:  Own:  Mortgage:  Amount Paid Monthly: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Landlord Name/Mortgage Co: \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Address: \_\_\_\_\_ [Number] \_\_\_\_\_ [Street] \_\_\_\_\_ [Unit/#] \_\_\_\_\_ [City]  
\_\_\_\_\_ [State] \_\_\_\_\_ [ Zip Code]  
Rent:  Own:  Mortgage:  Amount Paid Monthly: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Landlord Name/Mortgage Co: \_\_\_\_\_ Phone # \_\_\_\_\_

## OTHER INFORMATION

### PRINCIPALS

1) Name: \_\_\_\_\_ [first name] \_\_\_\_\_ [last name] \_\_\_\_\_ [title]  
Address: \_\_\_\_\_ [Number] \_\_\_\_\_ [Street] \_\_\_\_\_ [Unit/#] \_\_\_\_\_ [City] \_\_\_\_\_  
[State] \_\_\_\_\_ [ Zip Code]  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ [first name] \_\_\_\_\_ [last name] \_\_\_\_\_ [title]  
Address: \_\_\_\_\_ [Number] \_\_\_\_\_ [Street] \_\_\_\_\_ [Unit/#] \_\_\_\_\_ [City] \_\_\_\_\_  
[State] \_\_\_\_\_ [ Zip Code]  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

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**CREDIT REFERENCES**

1) Company: \_\_\_\_\_ Contact Person if available: \_\_\_\_\_ [title]  
Address: \_\_\_\_\_ [Number] \_\_\_\_\_ [Street] \_\_\_\_\_ [Unit/#] \_\_\_\_\_ [City] \_\_\_\_\_  
[State] \_\_\_\_\_ [ Zip Code]

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Please provide copies of your driver's license(s) and income verification (W2, 1099, 1040). Thank you.