

LEASE APPLICATION FOR PREMISES

properties@commercialsa.com.au
Phone: (08) 8231 8299 Fax: (08) 8231 9377

Property Address:			
Term of Lease:			
Lease Renewal Options:			
Commencement Date:			
Rent per annum:	\$	(plus outgoings and GST)	
Proposed Use for tenancy:			
Does your proposed Use supply goods or services to the public?	YES / NO (please circle relevant answer)		
Conditions:			
Registered Name of Business:			
Postal Address:			
ACN Number:		ABN Number:	
Contact Name:			
Drivers Licence #:			
Contact Phone #:	B:	M:	
Email Address:			
Personal Address:			
Lessee Name (the name the Lease will be in):			
<i>If Lease is in a company name all Directors & Secretaries will be required to give Personal Guarantees</i>			

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www.commercialsa.com.au

The most awarded Commercial and Industrial Agency by both the Real Estate Institute of South Australia and of Australia.

Your Trading Experience:	
Trade Reference # 1:	
Company:	
Contact Name:	
Phone #:	
Trade Reference # 2:	
Company:	
Contact Name:	
Phone #:	
Trade Reference # 3:	
Company:	
Contact Name:	
Phone #:	
Current or Previous Landlord:	
Company:	
Contact Name:	
Phone #:	B: M:
Are you or any of your business partners an undischarged bankrupt or have any of you assigned your estate for the benefit of creditors or had judgement recorded against you? YES / NO	
If yes, please provide details:	

STATEMENT OF ASSETS AND LIABILITIES

ASSETS

<i>Item</i>	<i>Detail</i>	<i>Value</i>
Property # 1	Address	
Property # 2	Address	
Property # 3	Address	
Furniture		
Vehicle # 1	Make Model	
Vehicle # 2	Make Model	
Plant & Machinery		
Stock		
Bank Savings		
Accounts Receivable		
Cash in Hand		
Other Assets		
	TOTAL ASSETS	

LIABILITIES

<i>Item</i>	<i>Detail</i>	<i>Value</i>
Mortgage on Property # 1	Address	
Mortgage on Property # 2	Address	
Mortgage on Property # 3	Address	
Credit Card Debt	Bank	
Hire Purchase / Lease		
Overdraft	Bank	
Accounts Payable		
Other Liabilities		
	TOTAL LIABILITIES	

I/We hereby certify that the above information is true and correct as the date of this application and that the assets as stated are held solely by me/us and are not held in a trust capacity.

Applicant's Signature

Date: / /

Applicant's Signature

Date: / /

100 Point Identification Check

Customer Name: _____

YOU MUST HAVE ONE ITEM IN THE PRIMARY DOCUMENTS CATEGORY

Primary Documents	Points Available	Points Scored	Details of Document Office use only (document number, place of issue, date of issue, expiry date)
Passport (current or expired which has been cancelled and was current within the last two years)	70		
Citizenship Certificate (original or certified copy)	70		
Birth Certificate	70		

Identification Cards			Details of Document Office use only (license number, state issued, reference number, expiry date)
A Current Licence issued under law (eg drivers licence) which includes photo	40		
Current Tertiary Education ID (with photo)	40		
Current Identification Card issued to a Public Employee	40		
Social Security, Health Care or Pension Card	40		

Secondary Documents			Name of person giving information, address, occupation, phone number Office use only
Written reference signed by an officer from a financial body where you have been a customer for 12 months or more	40		
Verification from a local government officer who has known you for 12 months or more	40		

Other Documents			
Name and address of signatory verified from mortgage documents	35		
Current credit and debit cards	25		
Medicare Card	25		
A Utility Bill	25		
Foreign Drivers Licence	25		

These documents **MUST** show your full name (not just initials) and be current

PRIVACY ACT ACKNOWLEDGEMENT

In accordance with Section 18n(1) (b) of the Privacy Act I authorise you to give information to and obtain information from all credit providers and references named in this application. I understand this can include information about my credit worthiness, credit standing, credit history or credit capacity. I understand this information may be used to assess my application.

I/We hereby certify that the above information is true and correct as the date of this application and that the assets as stated are held solely by me/us and are not held in a trust capacity.

Applicant's Signature

Date: / /

Applicant's Signature

Date: / /