



TENANCY APPLICATION – COMMERCIAL

**PRIVACY PROTECTION OF INFORMATION
PRIVACY ACT 1988**

Acknowledgement and authority that credit information may be given.

To aid in the application assessment process for commercial, retail or industrial premises, I authorise you to obtain information about my credit worthiness and financial position.

These reports may contain:

- Personal Information about me in relation to my application for premises.
- Information about my commercial activities in relation to my application for premises.
- Other information in relation to my commercial credit activities.

I understand the information may be used for the following purposes:

- To assess an application by me for the lease of a premises.
- To assess my credit worthiness and financial position

Bankers View

I authorise you to receive bankers' opinions about my business, trade or profession.

Authority for trade references

I authorise you to receive trade references for any purpose relating to an application for commercial or industrial premises.

I authorise you to obtain from my accountant a statement of assets and liabilities.

The applicant acknowledges that no binding lease or agreement to lease shall arise until such time as formal lease documentation has been prepared and executed by both parties.

Name (Print): _____ **Signature:** _____

Name (Print): _____ **Signature:** _____

Name (Print): _____ **Signature:** _____

Date: _____



Tenancy Application

(Strictly Confidential)

PREMISES: _____

APPLICANTS NAME: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Drivers License No: _____

NAME IN THAT LEASE WILL BE HELD: _____

If company name – ABN: _____

GST Registered: Yes No

Registered Office Address: _____

Date of Business Registration: _____

CURRENT LEASE:

Have you currently/previously leased a Commercial / Industrial / Retail premises: Yes No

Address of Property Leased: _____

Landlord/Agent: _____

Contact Person: _____

Phone: _____ Fax: _____



TYPE OF USE:

BUSINESS STRUCTURE:

Is the business to be as a: (please tick)

Sole Trader

Partnership

Company

Franchise

Licensee

Please provide details of those people party to be the business and their role (e.g. proprietor, partner, managing director etc)

1st APPLICANT

Name: _____

Home Address: _____

Phone: _____

Role: _____

2nd APPLICANT

Name: _____

Home Address: _____

Phone: _____

Role: _____