



Matthews Miniwarehouses Lease Application

OCCUPANT (S)

Name/Company _____ e-mail _____

Current Address _____

DBA _____ Years established _____ Type of Business _____

Contact person(s) _____ Phone number () ____ - ____ Fax number () ____ - ____

Title _____

RENTAL HISTORY

Previous Address _____

Landlord Name _____ Phone number () ____ - ____ Fax number () ____ - ____

BANKING REFERENCE

Name _____ Phone number () ____ - ____ Fax number () ____ - ____

Address _____

CREDIT REFERENCES

1) Company _____ Contact Person _____ Phone () ____ - ____
Address _____

2) Company _____ Contact Person _____ Phone () ____ - ____
Address _____

AUTHORIZATION

Matthews Mini Warehouses or any firm action on its behalf is hereby granted permission to perform a credit check, rental history and reference check on our company and/or its principals.

1) SIGNATURE _____
By _____

DATE _____
Title _____

2) SIGNATURE _____
By _____

DATE _____
Title _____