

# CROSSVILLE OUTLET MALL LLC

228 INTERSTATE DR. SUITE 110  
CROSSVILLE, TN. 38555

Office: (931) 456-9524 Fax: (931) 707-1990

## Rental/Lease Application

### Co - Applicant Information

Full Name:			
Date of birth:		SSN:	
Phone:		Cell Phone:	
Email:			
Current home address:			
City:		State:	ZIP Code:
Own	Rent (circle)	Monthly payment or rent:	How long?

### Co - Applicant Information

Full Name:			
Date of birth:		SSN:	
Phone:		Cell Phone:	Email:
Current address:			
City:		State:	ZIP Code:
Own	Rent (Please circle)	Monthly payment or rent:	How long?

### Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Hourly	Salary (Please circle)
		Annual income:	

### Company Information

Owner/Principal Full Name:		Tax ID:	Established:
Current Address:			
Reason for leaving?			
Landlord / Lender Name:			
Address:			
City:		State:	Zip:
Contact:		Phone:	Fax:
Rental/Lease length? _____ Yrs _____ Months			

### Questionnaire

Type of service provided or sold?	
Size of space you are looking for?	How long of a lease are you interested in?
How did you hear about us?	
Would you supply us with your business information for the website?	

### Credit References

Name:	Relation:	Phone:

I authorize the verification of the information provided on this form as to my credit/employment/business.

Signature of applicant:		Date:
Signature of co-applicant:		Date: