

Carrerou Enterprises, LLC.

1136 First Street South Winter Haven, FL 33880 Phone: 863-294-2384 Fax: 863-297-9781

email: lori@arearealestate.com

Commercial Rental Application

Date of Application:	Application	completed by:	
Name of Business:_			
Current/Most recent	business address:	_	
	City:		
	# of years at this lo	cation:	
Name of current/mo	st recent Lessor/Landlord:		
	Street Address:		
	City:		
	Phone:		
Type of business:	() Other:	or () Corporation () Partnership	
	Federal ID #	<u> </u>	
	ate in the state of Florida		
	a branch office: () yes () no	
If so, what other loc			
Name of Business:		Name of Business:	
Address:		Address:	
City:		City:	
Phone:		Phone:	
Name of Partners/I	Directors/Registered Agent:		
Name:	·	Name:	
Date of Birth:		Date of Birth:	
Title:		Title:	
Address:		Address:	
City:		City:	
Phone:		Phone:	
SS#		SS#	
		ou Enterprises, LLC. Applicant agrees to pay an application for ization to Carrerou Enterprises, LLC, to complete the follows:	
Personal and Business Report verification.	Credit Report, Landlord/Lessor	verification/reference, income verification and Florida Corpo	rate
Signature of Applica	ınt	Signature of Applicant	-
Title		Title	=
SS#		SS#	-