

# JACOBS PROPERTIES

## APPLICATION TO LEASE

### SPACE REQUIREMENTS

Location Desired \_\_\_\_\_ Square Feet Desired \_\_\_\_\_

### GENERAL TENANT INFORMATION

Firm Name \_\_\_\_\_

Current Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Description of Business \_\_\_\_\_

Length of Time in Business \_\_\_\_\_

Type of Company: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor

Officers or Partners Name(s)	Address	City	State	Phone	Title
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Personal Information

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ how long at this address \_\_\_\_\_

### Employment Information

Employer	Address	City	State	Zip	Phone	How Long
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

### Banking Information

Bank	Type & Account Number	Address	City	State	Phone
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Please include Checking, Savings and Loan Accounts)

Please fax or mail this form along with a financial statement to:

Jacobs Properties, 6315 Brookside Plaza, Kansas City, MO 64113 816-523-6696

Fax 816-523-4698 web site: [jacobspropertieskc.com](http://jacobspropertieskc.com)