



APPLICATION TO LEASE

Address of Premises:

Name & Address of Applicant/s

Company / Trading Name:

Director/s Names:

Names of Proposed Guarantors:

Company Address:

A.B.N:

A.C.N:

Telephone No:

Fax No:

Mobile No:

Email Address:

Passport No:

Drivers License No:

Applicants Details of Trading & Business Experience

Applicants Initials:



New Lease or Assignment of Lease

Proposed Lessee Names:

Proposed Lessee Address, residential, registered office if company:

Current Trading Name:

Type of Business:

Description of Products sold:

Percentage of sales per annum would you commit to spending on marketing:

What is your point of difference offered compared to any similar competitor:

What is your estimated turnover for your first 12 month term?

Will you be managing the business or will you appoint a manager?

Applicants Initials:

Business Purchase



Contact: _____ Bank Branch: _____

Please obtain a letter of reference from your bank manager if you operate an account in your personal name and not that of a company.

Contact: _____ Finance: _____

Source of Financing for purchase:

Contract of Sale

Attached: YES / NO

Contract Date: _____

How were previous Businesses disposed of?

How many businesses were operated in shopping centre? How Long & Name of Centres

Applicants Initials:

Professional Contacts



Solicitor Details: Firm: _____

Address: _____

Contact Name: _____

Telephone No: _____ Fax No: _____

Accountant Details: Firm: _____

Address: _____

Contact Name: _____

Telephone No: _____ Fax No: _____

Bank Manager: Firm: _____

Address: _____

Contact Name: _____

Telephone No: _____ Fax No: _____

Applicants Initials:

Trading References



Trading References # 1

Company Name: _____ Contact Name: _____

Phone Number: _____ Credit Limit: _____

Account (Number of years open): _____

Office Comments:
.....

Trading References # 2

Company Name: _____ Contact Name: _____

Phone Number: _____ Credit Limit: _____

Account (Number of years open): _____

Office Comments:
.....

Trading References # 3

Company Name: _____ Contact Name: _____

Phone Number: _____ Credit Limit: _____

Account (Number of years open): _____

Office Comments:
.....

Applicants Initials:

Asset and Liability



Assets – What you Own

Liabilities – What you Owe

Home / Properties		Home / Properties				
Property Name	Value	Name of Lender	Monthly cost	Amount owing		
1	\$	1	\$	\$		
2	\$	2	\$	\$		
3	\$	3	\$	\$		
4	\$	4	\$	\$		
5	\$	5	\$	\$		
6	\$	6	\$	\$		
Accounts Bank Credit Union etc	Balance \$	Credit Cards / Personal loans	Monthly cost	Balance		
1	\$	1	\$	\$		
2	\$	2	\$	\$		
3	\$	3	\$	\$		
4	\$	4	\$	\$		
Total	\$	Total	\$	\$		
Motor Vehicle						
Make	Model	Year	Value	Name of Lender	Monthly Cost	Balance
1			\$	1	\$	\$
2			\$	2	\$	\$
Total			\$	Total	\$	\$
Other Assets Furniture Shares etc	Value \$	Other Liabilities	Monthly Cost	Amount Owing		
1	\$	1	\$	\$		
2	\$	2	\$	\$		
3	\$	3	\$	\$		
4	\$	4	\$	\$		
Total	\$	Total	\$	\$		
Total Assets	\$	Total Owing	\$	\$		

Applicants Initials:



Leasing Reference

Company Name: _____ Contact Name: _____

Telephone: _____ Property Leased: _____

From: / / To: / / Rental Amount: _____

DECLARATION

I/We _____ of _____

hereby declare that the information provided in this "Application For Lease" to be true and correct in every respect.

Signature of Applicant/s: _____

Dated: / /

Signature of Witness: _____

Print Name of Witness: _____

Address of Witness: _____

Dated: _____

**Please mail to MYCORE PO Box 449, Ormeau Qld 4208 or hand deliver to Phil Black 0409 471 753
or scan & email to phil@mycoreproperties.com**

Applicants Initials: