

Date:

245 East 50th Street, Suite 4A New York, NY 10022

 Office
 (212) 421 6408

 Fax
 (212) 371 3279

 Email
 info@bonatierra.com

 Web
 www.bonatierra.com

Signature:

Corporate Application for Apartment Rental

Building Address:			_		
Term of Lease:	Lease Start:	L	ease End:		
Monthly Rent:	0 11		repaid Rent:		
*Company:		_ *Fed ID#			
		_ *In Business Sin	ce::		
*Annual Revenue:		_ Website:			
		_ Phone/Email:			
		Phone/Email:			
Name of Bank		_ Account #:			
*Applicant's Name:		_ *Phone/Email:			
*Current Address:					
Citizenship:			*Date of B	irth:	
Passport/License #:		State of Issue			
	Phone/Email:		Relationsh	Relationship:	
Business Reference:				iip:	
Name	Persons not on lease	but will occupy a _l Relationship	partment:	Age	
Employer:	Address:				
Length of Employment:			*Annual Income:		
*Emergency Contact *Phone/Email Do you have any pets? What Breed? How did you learn of this Apartment?					
* Must Be Filled out	Credit Report Au	thorization			
I					