ATTACHED TO AND FORMING PART OF AN OFFER TO LEASE FOR DEMISED PREMISES

BUILDING ADDRESS: UNIT #:

TENANT/LEASEE INFORMATION

	i o be completed by applicant, please print clearly	int clearly
BUSINESS NAME:		DATE OF INCORPORATION:
BUSINESS ADDRESS:	255:	SUITE/UNIT#:
CITY/TOWN:	PROVINCE:	POSTAL CODE:
PHONE:		CELL PHONE #:
ADDRESS:	BUSINESS WEBSITE:	ITE:
LANDLORD NAME:	PHONE #	
OWNER'S NAME:	S.I.N:	DATE OF BIRTH:
HOME ADDRESS;		SUITE/UNIT:
CITY/TOWN:	PROVINCE	POSTAL CODE:
HOME PHONE:	PHONE #: ADDRE	EMAIL ADDRESS:
LICENSE #:	REQ	REQUIRED: PHOTO COPY OF VALID DRIVER'S LICENSE
OWNER'S NAME:	S.I.N:	DATE OF BIRTH:
HOME ADDRESS:		SUITE/UNIT:
CITY/TOWN:	PROVINCE:	POSTAL CODE:
HOME PHONE:	PHONE #:ADDRE	ADDRESS:
LICENSE #:	REQI	REQUIRED: PHOTO COPY OF VALID DRIVER'S LICENSE
BUSINESS REFERENCE :	ENCE:	
ADDRESS:		
CITY/TOWN:	PROVINCE:	POSTAL CODE:
PHONE #:	CONTACT:	
BUSINESS REFERENCE :	ENCE:	
ADDRESS:		
CITY/TOWN:	PROVINCE:	POSTAL CODE:
PHONE #:	CONTACT:	
DESCRIPTION OF 1	DESCRIPTION OF THE PROPOSED USAGE OF THE PREMISES TO BE LEASED:	
CONSENT FO	CONSENT FOR USE OF PERSONAL AND BUSINESS INFORMATION PHOTO INDENTIFICATION MUST BE ATTACHED TO THIS FORM	ON
hereby authorize We my current or previous verify that the credit re	I hereby authorize Werger Realty Limited/Werger Holdings Inc. to whom this application is delivered to obtain my credit report from any credit-reporting agency and to contact my current or previous landlord and/or employer(s) to establish or verify my financial standing. I understand that the disclosure of my SIN is optional and will only be used to verify that the credit report request is accurately matched up with the correct data contained in my credit history file. This information will be used strictly for the purposes of	stain my credit report from any credit-reporting agency and to contact and that the disclosure of my SIN is optional and will only be used to history file. This information will be used strictly for the purposes of
Owner's Name:	Owner's Name:	Owner's
Name of Name o	Print Name Clearly Owner's	
	Print Name Clearly	Parci
Authorized	Authorized Business	
Signing Business Officer:	Officer's Signature:	Date: