



Client Application

Name: _____

Business Name: _____

Address: _____

City: _____ State: ___ Zip: _____ Phone: _____ Email Address: _____

Federal ID #: _____

Please provide a brief description of your business product or services: _____

Year Business formed: _____ # of Employees: _____

Office Space

Will your business have walk-in clients/vendors? Yes__ No__

Explain: _____

of employees: _____ Anticipated Lease Date: _____

Type of Space Required: _____

Size: _____

Special Needs: _____

Lease Requirements

Letter of Intent, including business plan, resume, or history of company's activities

References:

Name

Address

Phone

1) _____

2) _____

3) _____

If business/tenant does not have current written business plan, business owner agrees to work with SBDC (Small Business Development Center) business advisor on a regular basis (at least 2 times each month) to have plan complete by the end of six month lease period. Renewal of lease depends on tenants' ability to show business plan on or before the end of the first six months of leasing space at ECMC.

I certify the above information is true and correct to the best of my knowledge and belief. Permission is granted to lesson to verify information listed herein or to obtain a credit report or background check.

Signature: _____ Date: _____