



**TENANT INFORMATION / APPLICATION**

COLLIERS INTERNATIONAL, 4643 S. ULSTER STREET, SUITE 1000, DENVER, CO 80237 (303) 745-5800

BUSINESS INFORMATION			
Business Name:		Phone Number:	
d.b.a.:		Name of Parent if Applicable:	
Street Address:		Fax Number:	
City:	State:	Zip:	Federal Tax ID #:
No. of Employees:	SIC Code:	Dun & Bradstreet Number:	
Website:		E-Mail:	
Corporation: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
State Registered In:		Type of Business:	
How long have you been in business: _____			
Are you currently leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Landlord: _____	
May we contact your landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Landlord's Address:		Landlord's Phone:	
How long have you been leasing here? _____		Approximate size of space: _____ Current Annual Base Rent: _____	
Does your operation create excessive noise or odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____		Does your operation utilize hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____	
Is your company a defendant to any lawsuits or legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____			
Have you or your company ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____			
BANKING REFERENCE (BUSINESS)			
Name of Bank:		Account Number:	Account Officer: _____ Phone No.: _____
Name of Bank:		Account Number:	Account Officer: _____ Phone No.: _____
MAJOR TRADE / CREDIT REFERENCES OR SUPPLIES			
Name:	Address:	Phone:	Contact:
TENANT INFORMATION			
Name of person authorized to sign lease:		Mailing Address:	E-Mail:
Title:		City, State, Zip:	Phone:
Is this address to be used for Lease related correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No", please supply the address: _____			
Facility or Operations Contact:			
Phone:	Cell:	Fax:	
PRINCIPALS INFORMATION			
Last Name:		First Name:	Middle Initial:
Street Address:		City:	State: Zip:
How long have you lived here? _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Home Phone:		Cell Phone:	E-Mail Address:
Work Phone:		Fax Number:	Pager:
Social Security Number:		Date of Birth:	Driver's License Number & State:
Emergency Contact: _____			

I certify that all the above information and statements are true as of the date below. I authorize Colliers Bennett & Kahnweiler, Inc. to check my credit history and verify banking information, landlord, and trade references listed herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FINANCIAL STATEMENT TO BE ATTACHED TO THIS APPLICATION  
(Two [2] PRIOR YEARS INCOME TAX RETURNS AND CURRENT INCOME STATEMENT AND BALANCE SHEET)