

APPLICATION FOR OFFICE SPACE LEASE

WILLIAMSON PROPERTIES

Business Name: _____ Type Sole Prop/Corp? _____ Age _____

Owner(s) Names: _____

Position/Title _____ OF AUTHORIZED OFFICER

CURRENT BUSINESS ADDRESS _____

Current Landlords Name _____ PHONE# _____

Months at current address _____

Previous Landlords Name _____ PHONE# _____

Months at previous address _____

WHAT TYPE OF BUSINESS WILL BE OPERATED IN THIS SPACE? _____

Term of lease desired? _____

Trade or Credit References (At least two)

D & B # _____	ACCT# _____	AMOUNT _____
_____	ACCT# _____	AMOUNT _____

APPLICANT _____

Title: _____

OFFICE PH # = 504-456-1508, FAX 504-885-4640 (24HRS)