W.B. SIMPSON & SON

www.wbsimpson.com.au

30 ERROL STREET NORTH MELBOURNE 3051

leasing@wbsimpson.com.au

PLEASE COMPLETE IN FULL

PH: 9328 1213, FAX: 9329 9030

CONFIDENTIAL

HOW DID YOU FIND OUT ABOUT ☐ Rental list ☐ Office Window ☐		☐ For Lease Sign ☐ I	Referral Other	
	RCIAL LEASING A			
ADDRESS OF PROPERTY:		DAT	ГЕ:	
LESSOR:				
NAME OF APPLICANT/COMPANY	7:			
FULL REGISTERED NAME OF CO	MPANY:			
REGISTRATION NO. (ACN)	TRATION NO. (ACN) ABN		ABN:	
REGISTERED ADDRESS:				
PRINCIPAL TRADING ADDRESS:		_		
TELEPHONE NO:	FAX NUMBER:			
PRESENT NATURE OF BUSINESS	CONDUCTED BY APPLICANT:			
NATURE OF BUSINESS TO BE CO	NDUCTED AT THE PREMISES:			
LENGTH OF TIME IN OPERATION	ī:			
IF LESS THAN THREE YEARS STATE PREVIOUS BUSINESS OR EXPERIENCE:				
LEASE DETAILS				
COMMENCEMENT DATE OF LEAS	SE:			
TERM OF LEASE:	OPTI	ION PERIOD:		
MONTHLY RENTAL:	REN'	RENTAL REVIEWS:		
SECURITY DEPOSIT:	OUT	OUTGOINGS:		
OTHER COMMENTS:				
parties as permitted by the Privac	nade by the owner or agent as to the vas in the course of this application uate your application and to managy Act 1988 including the landlord, not provided we may not be able to oplicant against the landlord or the pation on the due date.	e suitability of the premise n and any subsequent tend ge the property. Such infore references, other agents of process your application agent should any circum.	es for any purpose. ancy is necessary for us to verify formation may be disclosed to other and operators of tenancy or manage the tenancy. stances arise whereby the	
APPLICANT'S SIGNATURE:			DATE:	
NAME:	TITLE:			

BUSINESS TRADE REFERENCES (SUPPLIERS, CREDITORS ETC)

CURRENT LANDLORD/AGENT:				
CONTACT:	TELEPHONE:			
PRESENT RENTAL (PCM):	TERM OF LEASE:			
OFFICE USE:				
TDADE DECEDENCE (1)				
TRADE REFERENCE (1) COMPANY NAME:		PHONE:		
CONTACT:		Length of time dealt with:		
OFFICE USE:				
TRADE REFERENCE (2) COMPANY NAME:		PHONE:		
CONTACT:		Length of time dealt with:		
OFFICE USE:				
TRADE REFERENCE (3) COMPANY NAME:		PHONE:		
CONTACT:		Length of time dealt with:		
OFFICE USE:				
TRADE REFERENCE (4) COMPANY NAME:		PHONE:		
CONTACT:		Length of time dealt with:		
OFFICE USE:				

SOLICITOR:	CONTACT:	PHONE:	
OFFICE USE:			
BANK: TERM OPERATED: OFFICE USE:		PHONE: WRITTEN REFERENCE YES / NO	
ACCOUNTANT:	CONTACT:	PHONE:	
PERSO APPLICANT/DIRECTOR FULL NAME		NTEE DETAILS	
RESIDENTIAL ADDRESS			
		(M)	
DO YOU OWN YOUR OWN HOME? YES	S NO		
CONTACT NAME	PHONE		
APPLICANT/DIRECTOR			
<u>FULL</u> NAME			
RESIDENTIAL ADDRESS			
TELEPHONE NUMBERS (H)	(W)	(M)	
DO YOU OWN YOUR OWN HOME? YES	S NO		
IF NO – LANDLORD/AGENT			
CONTACT NAME	PHONE		
OFFICE USE			