

Friendly Properties Pty Ltd

Success the 'Friendly' way!

汎利行

Real Estate Agents Property Managers Business Agents Auctioneers

APPLICATION FOR LEASE OF COMMERCIAL/RETAIL PREMISES

PG1/5

Premises Lease: _____

Rental: _____ Outgoings: _____

Proposed Lessee: Name: _____ A.C.N./A.B.N. _____

Home Address: _____ Home T.No. _____

Mobile No. _____

Reg. Office Address: _____ Office T.No. _____

Fax No. _____

Personal Email Address: _____

Office Email Address: _____

GST Register: Yes or No

Proposed Use of Premises: _____

Solicitors: Company Name: _____ Contact Name: _____

Address: _____

Phone No. _____ Fax No. _____

Email address: _____

Accountants: Company Name: _____ Contact Name: _____

Address: _____

Phone No. _____ Fax No. _____

Email address: _____

We require a Bank Guarantee/Security Deposit equivalent to _____ months rent and

we will require Guarantors(s)

Proposed Name: _____

Guarantor(s): Address: _____

Property owned by Guarantor(s) _____

Phone No.: _____

Proposed Lessee Trade References:

Companies Phone No. Contact name

1 _____

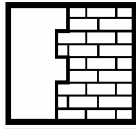
2 _____

3 _____

Details Of References:

Bank: _____ Branch: _____

Account Name: _____ Account No. _____



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APPLICATION TO LEASE COMMERCIAL/RETAIL AREA

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So that we can give consideration to leasing the commercial/retail area available for lease, we require you to complete the application form and return it to our office.

1 Please indicate the shop number or location you want to lease: _____

2 What is the address where the commercial/retail area is located:

3 1st Applicant Name:
Applicant home address: _____
Home Phone No. _____ Mobile No. _____
Fax No. _____ Driver License No. _____
Email Address: _____

4 2nd Applicant Name:
Applicant home address: _____
Home Phone No. _____ Mobile No. _____
Fax No. _____ Driver License No. _____
Email Address: _____

5 What is the legal or company name that you will use? _____

6 What is the trading name you will use? _____

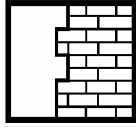
Please attach a copy of the Company Registration and Certificate of Registration of Business Name.

7 Indicate type of business you wish to carry out _____

8 Please provide full details of usages and products to be sold.

9 Are you currently trading in similar type of business _____
Please provide details: _____

10 Is this your first commercial/retail business: _____



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APPLICATION TO LEASE COMMERCIAL/RETAIL AREA

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- 11 Please provide details of your current commercial/retailing activities together with your background and experience within the commercial/retail industry. If necessary attach details to this application.

- 12 Do you have any other commercial/retail business or stores, if yes indicate type and location.

- 13 If you have a current business what were the gross sales for the past 3 years

Year 1 _____ Year 2 _____ Year 3 _____

- 14 Have you ever leased a commercial/retail area before? If yes provide details.

- 15 Do you have any special requirements for the business (regarding fitout and/or services)

- 16 How would you intend to promote and advertise your store to improve sales:

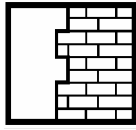
- 17 Will you occupy and manage the business on site yourself, or will some one run the business for you? _____

- 18 Will you have other staff working in the store/area - How many?

Full time _____ Part Time _____ Casual _____

- 19 Has any legal action been instituted against you for default under any credit contract within the last 5 years?

- 20 Have you ever had a judgement entered of a conviction recorded against you, been bankrupt, insolvent, assigned your estate for the benefit of creditors or entered into a scheme of arrangement with any creditor? Please supply details



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APPLICATION TO LEASE COMMERCIAL/RETAIL AREA

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21 Business references

Name of Contact _____ Phone No. _____

Address _____

Company _____

Name of Contact _____ Phone No. _____

Address _____

Company _____

Name of Contact _____ Phone No. _____

Address _____

Company _____

22 Which bank do you use _____

Address _____

Contact person _____ Phone No. _____

23 What is the company name of your solicitor? _____

Address _____

Contact person _____ Phone No. _____

24 Please complete the attached Asset and Liability Schedule

The completion and submission of this application is no assurance that your application will be accepted. We will not be required to provide you with any reason if this application is not accepted. This application does not signify and contractual obligation on either party in respect of the proposed lease.

I/We declare that the information provided in this application is true and correct and that all reasonable information and details have or will be provided to allow the application to be considered.

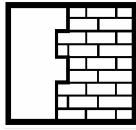
Name (Print) _____ Signature _____

Name (Print) _____ Signature _____

Date _____

Check that you have

- a Completed the application form
- b Provide a copy of the Company Registration Certificate
- c Provide a copy of the Certificate of Registration of Business Name
- d Completed the Asset and Liability Schedule



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ASSET AND LIABILITY SCHEDULE

ASSET	\$	LIABILITIES	\$
Cash @ bank		Bank over draft	
Debtors		Creditors	
Other		Other	
TOTAL		TOTAL	
REAL ESTATE		MORTGAGES	
1		1	
2		2	
3		3	
4		4	
VEHICLES		VEHICLES	
1		1	
2		2	
3		3	
4		4	
OTHER ASSETS		OTHER - LOANS	
FURNITURE			
TOTAL ASSETS		TOTAL ASSETS	
		NET WORTH	

I/We hereby certify that the above statement is true and correct and that all of the Assets and Liabilities listed above are owned personally by me/us.

Signed _____

Date _____

Signed _____

Date _____