Claus & Claus 668 South Foster Drive, Suite 201 Baton Rouge, LA 70806

Phone: 225-927-1982 Fax: 225-927-1991

OFFICE LEASE APPLICATION (not a corporation)

ONE OR MORE INDIVIDUA	ALS:		
Name:		Social Sec	curity #:
Address:	Address:		irth:
Phone:		Driver's L	License #:
Email:			
Name:		Social Sec	curity #:
Address:		Date of Birth:	
Phone:		Driver's L	
Email:			
A BUSINESS OR PARTNER Name of Business: Current address:	SHIP:		
Email address:		Phone #:	
Represented by:		Title of Representative:	
Address of Represent	cative:		
Personal guarantee by	v·		
Name:	, -	Social Security #:	
Address:		Date of Birth:	
Phone:		Driver's License #'	,,
Email:		Direct's License #	
SQUARE FOOTAGE:	sq. ft. to be used as a		office.
LEASE PERIOD:	year (s), beginning on the	day of	
and ending on the	day of		
PERSON TO CONTACT IN Name:	CASE OF AN EMERGENCY: Address	s:	
	Business Phone:		_ Cell Phone:
PERSON WHO WILL HAND	N E DENT DAVMENTO.		
Name:	LE RENT FATMENTS.	Address:	
name.		Address.	
Business Phone:	d phone # of company previous	Email:	6 1 1 6
	a phone # of company previous	ly leased from or oth	ner reference on back of
	forfeited if applicant does not sign leas		al history. A deposit is required to hold an ceiving deposit or does not move in for an
Signed:	Position:		Date: