

# COMMERCIAL APPLICATION

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Saratoga Springs, NY 12866  
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518-461-3588

FULL LEGAL NAME: \_\_\_\_\_  
First Middle Last

E-MAIL: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

## RESIDENCE INFORMATION

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOW LONG HAVE YOU LIVED THERE? \_\_\_\_\_

## EMPLOYMENT INFORMATION

YOUR OCCUPATION: \_\_\_\_\_

THE NAME OF YOUR BUSINESS: \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN BUSINESS WITH THIS NAME?: \_\_\_\_\_

## YOUR VEHICLE INFORMATION

VEHICLE YR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_

## REFERENCES & OTHER INFORMATION

PERSONAL REFERENCE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EVER FILED FOR BANKRUPTCY? \_\_\_\_\_ EVER BEEN EVICTED? \_\_\_\_\_

I declare that the statements above are true and correct, and I hereby authorize verification of references and a credit check.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_