

COMMERCIAL SERVICES INC.
145 S. DURBIN, SUITE 106 (307) 234-7179 FAX (307) 234-9859
COMMERCIAL APPLICATION

Property Address _____

PLEASE PRINT/TYPE

APPLICANT:

DATE _____ PROPERTY ADDRESS _____

COMPANY NAME _____ WORK PHONE _____

HOME PHONE _____ E-MAIL _____

NAME _____ Title _____

(Sole Prop.-Partnership-Corp.-LLC) CIRCLE ONE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Date of Birth/Date of Incorporation _____

Social Security No. _____ Federal Tax I.D. _____

Credit References	Type/Relationship	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Partnership/Corporate Officer

NAME _____ Title _____

HOME PHONE _____ WORKPHONE _____

E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY _____

Brief Description of Business:

Please List any hazardous materials or chemicals used

APPLICANT

CO-APPLICANT

Commercial Services Inc.

Credit Authorization Release

To Whom It May Concern:
(Banks, S&L, Credit Bureau, Etc.)

I, the undersigned, hereby authorize Commercial Services Inc. to verify references which may include employment history, bank accounts, credit history and broker relationships and all other information deemed necessary in connection with the application I have submitted for the broker approval.

You are authorized to give ratings, loan balance, and any other information requested to provide Commercial Services Inc. assistance in completing my application.

I authorize Commercial Services to reproduce this form as many times as necessary in order to obtain said information; therefore a copy bearing my signature carries the same authority as the original.

I hold your company, officers, and employees harmless for furnishing true and correct information.

APPLICANT'S SIGNATURE

APPLICANT'S NAME-PRINTED

APPLICANT'S SIGNATURE

APPLICANT'S NAME-PRINTED

DATE: _____

145 S. DURBIN, SUITE 106 PHONE (307) 234-7179
CASPER, WY 82601 FAX (307) 234-9859
E-mail: sbennette@csirealty.com