Commercial Lease Application

The Sacco Group Ltd.

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Business Information

Business Phone #: ()Business Name:	
Emergency Contact #:	
# of Employees:	
Date Established:	
Type of Organization:	
Tenant Information	
Primary Tenant (One)	Primary Tenant (Two)
Name:	Name:
Position:	Position:
Address:	Address:
•••	•••
Home #	Home #
Mobile #	Mobile #
Email Address:	Email:

Please photocopy (3) pieces of identification from tenant and attach to this application.