

www.samsonrealestate.ca

P.O. Box 539, Maskwacis, AB T0C 1N0 Email: realestate@smlcorp.com

TELEPHONE:(780) 585-4322 FAX: (780) 585-4320 1(877) 585-6822

Commercial Units Application Form

Business Name:	
Applicant(s) Name:	
Address:	
Postal Code:	
Telephone Number(s):	_
Contact Name:	
Position Held:	
Type of Business: Band Organization or	Private Business (Circle one)
Please Specify Band Name or Number:	
Approx. Sq. Ft. Required:	No. of Employees:
Date of Occupancy:	
-	
Length of Lease Term:	
Use of Space:	

SPECIAL CONDITIONS TO RENT					
Please provide a:	Business Plan:				
	Proforma Statement:				
Current Place of Busi	ness:				
Landlord(s) Name:					
			Address		
			Telephone Number		
Business Reference: (Please provide 3)					
Business Name:		Contact:	No		
Business Name:		Contact:	No		
Business Name:		Contact:	No		
Personal Credit Information Authorization					
SIN NO.:		DOB:			
Previous Address:					
			Postal Code		
I,, do hereby authorize Samson Management Limited, and/or					
their agents, to obtain credit information relevant to accessing my suitability as a Tenant.					
Dated this day of			Signature		

Please mail or fax your completed application to the following address:

Samson Real Estate & Property Management Division PO Box 539 Maskwacis, Alberta T0C-1N0

Fax: (780) 585-4320 Phone:(780)585-4322