

LEASE APPLICATION

NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

LEGAL COMPANY NAME: _____

ARE YOU AN LLC OR CORPORATION? LLC CORPORATION

HOME ADDRESS OR COMPANY HEADQUARTERS:

UNIT / SUITE THAT YOU ARE INTERSTED IN LEASING: (Please list one, or group of suites if multiple apply.)

TIME THAT YOU WOULD LIKE TO START (MONTH 1st , YEAR) _____

HOW MANY YEARS WOULD YOU LIKE THE LEASE TO BE (3 Minimum)? _____

ADDITIONAL NOTES: _____

After you are finished with the application, you may either

MAIL TO:
Salvino & Sons, LLC
ATTN: Sal Badalamenti
22800 Hall Road
Clinton Twp, MI 48036

FAX TO:
ATTN: Sal Badalamenti
586-627-5830

STOP BY:
Please use side Foam Factory entrance
Ask for Sal
Available Monday thru Friday 8AM til 5PM
and Saturday 10AM til 3PM