

AIRPORT SPACE REQUEST

Name _____ Date _____

Firm _____

Partnership _____ Corporation _____ Type _____

Date of Incorporation _____ State where Incorporated _____

Tax ID # or Social Security # _____

Telephone Number () _____ Fax () _____

Cell Number () _____ E-mail _____

Business Address _____

Name of Property Owner _____ Telephone Number () _____

Prior Business Address (if less than 5 years) _____

Name of Property Owner _____ Telephone Number () _____

References: In addition, please attach a current financial statement.

Business Reference _____

Address _____

Telephone Number () _____ Fax Number () _____

Contact Person _____

Business Reference _____

Address _____

Telephone Number () _____ Fax Number () _____

Contact Person _____

Business Reference _____

Address _____

Telephone Number () _____ Fax Number () _____

Contact Person _____

Bank Reference _____ Checking Acct. No. _____

Address _____

Telephone Number () _____ Fax Number () _____

Type of Space Required:

Building _____ square feet Land _____ square feet

Containers (Number) _____ (Size) _____

Intended Use: (Please be specific and provide as much detail as possible).

Utilities Required: (Please circle)

Water

Electricity

Natural Gas

Special Utilities (please specify)

Parking Spaces (#) _____ Number of employees _____

Hours of Operation _____ to _____

Does your company use any toxic or hazardous materials or substances in the normal course of conducting business? Yes / No

If yes, please specify

Does your company have any special requirements, which need to be taken into consideration?

Applicant represents that all the information statements are true and correct and hereby authorizes verification of the previously stated items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

Dated: _____ Applicant: _____