

Salon Suites on Pellicano

12240 Pellicano, El Paso, TX 79936 (915) 929-3031

LEASING APPLICATION

Personal Information

Name: _____

Address: _____

Previous address if less than 2 years:

Phone: () _____ Social Security: _____ DOB: _____

Business Name: _____ Cell Phone: () _____

Professional License Number: _____ Federal Tax ID#: _____

E-mail Address: _____ Referred By: _____

Education History (check all that apply):

High School College/University Graduate School Vocational/Technical School

Work History

Salon or Employer Name & Address: Date Employed: Name of last Salon Owner or Supervisor

1.	From:	May I Contact:	Phone:
	To:		

Booth Rent Or Commission: Weekly Booth Rent: Commission Pay:

2.	From:	May I Contact:	Phone:
	To:		

Booth Rent Or Commission: Weekly Booth Rent: Commission Pay:

3	From:	May I Contact:	Phone:
	To:		

Booth Rent Or Commission: Weekly Booth Rent: Commission Pay:

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What is your annual salary? _____

Number & type of Suite Applying for: _____

Desired Date of Lease: _____

Personal References:

Name: _____ Address: _____ Phone: _____

1. _____

2. _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Tenant Check List:

Type of license _____ Federal Tax ID# _____ Corp/LLC _____