



1502 East Osborn Road Phoenix, AZ 85014
Phone: 602-297-2233 Fax: 602-264-4993



OFFICE USE ONLY:

Today's Date: _____
Move-in Date _____ Move-out Date _____
Unit type/Apt#: _____

Corporate Furnished Rental Application

Just the Basics:

Lessee Business/or Individual Name: _____ Occupant's Name _____

Additional Occupant's Name(s) _____

Government Agency Corporation Partnership Sole Proprietorship Individual Other: _____

EIN, Fed Tax ID or Social Security #: _____ Occupant's DOB _____

Contact Person _____ Title _____ Phone _____

Authorized Agent for Company _____ Title _____ Phone _____

Corp Housing Liaison for emergency contact: Name/Title/Phone: _____

P lease supply your IP ADDRESS: _____ To immediately connect to the ZAZU Network
To locate your IP Address: **Windows XP: Start>Run> Type in "CMD" into the run box> A terminal windows (Black Box) appear> Type "ipconfig" > IP Address will be listed**
Windows Vista & 7: Start> Type "CMD" into the search box> A terminal windows (Black Box) appear> Type "ipconfig" > IP Address will be listed.

Please tell us about your current business facility or current personal residence:

Current Business or Personal Address, Suite # , City, State, Zip: _____

Leasing Agent or Owner Name: _____ Phone #: _____ Fax #: _____

Dates Rented/Owned From: _____ To: _____

If we need to contact you about your application, please let us know where and when we may best reach you at your:

Daytime Phone #: _____ Evening Phone #: _____ Cell Phone #: _____

Preferred Payment Method (Please Circle) NOTE: Credit card payments incur a 3% service fee

Certified Check Credit Card Wire Transfer Money Order Cash

I/We apply for Preferred Occupancy (Transient Housing) at Zazu Pannee Park Regent Apartments

We recognize that as part of ZaZu Pannee Park Regent Apartment's application processing, an investigative consumer report may be prepared whereby information is obtained through personal interviews with references, friends, employers and others with whom our company may be acquainted/ doing business with. I authorize all corporations, companies, law enforcement agencies, academic institutions and current and former associates/trade relations to release information they may have about our firm and do release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original. We understand that we may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. The above information, to the best of my knowledge is true and correct.

Authorized Signature: _____ : Date: _____

Apply by FAX: (602) 264-4993 or by EMAIL: iamhome@zazupanee.com

PLEASE READ CAREFULLY:

Applicant represents that all of the above statements are true and complete, and hereby authorized verifications of above information references and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application if discovered before move in. Applicant acknowledges that management may not be able to complete comprehensive action of the Agreement before move in. Management reserves the right to verify application information after move-in and may convert the proposed Rent Agreement to a month-to-month term if misleading information is contained in this application. I warrant that all statements above set forth in this application are true, however, should any statement made above be a misrepresentation or not a true statement of facts, two-hundred fifty (\$250.00) dollars will be paid by the applicants to offset the agent's cost, time and effort in processing my application. In the event of fees, deposits or advance rent paid to the Property, the undersigned applicants authorize the Property to automatically deduct this amount from such funds.

I/We hereby deposit \$250.00 as earnest money. Upon acceptance of this application, this deposit shall be retained and applied to applicants general account. When so approved and accepted I/We agree to execute a lease for ____ months before possession is given and to pay the balance of the security and other deposits within two (2) business/banking days after being notified of my acceptance. In the event that I/We withdraw my application, prior to approval, or I'm approved and do not move in, the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character and reputation. In the event that a Statement of Account Agreement is entered into then that document shall supercede this application in the event of a discrepancy between the two. If this application is not approved and accepted by the owner or agent, other than denied for untruthful application, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance, which the owner or his agent may reject without stating any reason for so doing.

Agreed & Accepted: _____ : Date: _____
Please sign & Print