

WASHINGTON PROPERTIES (BERMUDA) LIMITED

16 Church Street,
P.O. Box HM 447
Hamilton, Bermuda HM BX

Tel: (441) 295-4186

<https://www.washingtonproperties.bm>

Application for rental space.

Applicant's name:

Business name: (Trading as)

Main purpose of business:

Approximate space required:

Approximate number of employees:

Daily hours of business operation:

Applying for unit number:

Requested lease length:
(1 year, 3 years, 5 years)

Lease start date:

Special requirements:
(other than basic lighting, air conditioning etc.)

Telephone number:

Current business address:

Mailing address:
(If different from above)

Credit References:

Reference: Acct #:

Reference: Acct #:

Reference: Acct #:

Bank Reference:

If space is offered to you, we will require a written reference from your bank.

Email address for general correspondence:

Email address for invoices and statements:

lease complete the appropriate section for your business.

Limited Liability Company.

Date of incorporation:Company Registration number

Officers:

Name:Title:

Name:Title:

Name:Title:

Name of parent company (If Applicable):

Address:

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Tel No:

Any other subsidiary business:

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Partnership or Sole Ownership:

Details of partners / owners:

Name: Home address: Date of birth: Home tel:

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Other businesses owned:

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CREDIT POLICIES TERMS AND CONDITIONS:

I/We agree that all agency charges, legal costs and other expenses incurred by the above-named Company in attempting to recover overdue amounts will be charged to my/our account. I/We give permission to the above-named Company to obtain information from any source to verify any statements made in this application.

Date: Signature: