

3806 Oakwood Hills Pkwy  
Suite 1  
Eau Claire, WI 54701-7779



(715) 831-3256  
Fax: (715) 831-3258  
[www.AHMCproperties.com](http://www.AHMCproperties.com)

## **Business Application**

**Business Name:** \_\_\_\_\_

**Legal Name (if different):** \_\_\_\_\_

**Federal ID# (EIN):** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Type of Company:**     Corporation    Partnership    Limited Partnership  
                                 Sole Proprietorship          Other

**Principal's Name:** \_\_\_\_\_                      **Title:** \_\_\_\_\_

**Principal's Phone:** \_\_\_\_\_                      **Social Security #** \_\_\_\_\_

**Year business started:** \_\_\_\_\_                      **Total # Employees** \_\_\_\_\_  
(At this location)

### **Banking**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Business References – Please list three**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Credit References – Please list three**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Your signature on this application authorizes the Management Company of property for which you are applying for occupancy to contact references to verify information and obtain credit history.**

**The information submitted herein is true and correct to the best of my knowledge. I authorize verification of all information given.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POSITION